

THE AMERICAN JOURNAL OF NURSING

VOL. XXI

MARCH, 1921

No. 6

EDITORIAL COMMENT

THE NATIONAL LEAGUE OF NURSING EDUCATION

The National League of Nursing Education will hold its convention in Kansas City, Mo., April 11-14. Members of the League should read carefully the important notices to be found under the League heading in Nursing News.

THE EDITORSHIP OF THE JOURNAL

The JOURNAL Board of Directors held its annual meeting in New York City, the third week in January, and appointed as co-editors of the JOURNAL, Mary M. Roberts of Ohio, and the present acting editor, Katharine DeWitt. Miss Roberts is completing her second year of study at Teachers College, New York, and will not be able to assume her duties until August 1st.

We are glad, and we believe most JOURNAL readers will be, that the title, editor-in-chief, which Miss Palmer held for nearly twenty years, has been laid aside and that it is not given to another. We are also glad, and we believe others will be, that the new co-editor of the JOURNAL is not a widely known woman, in a national sense. She is well known and warmly appreciated in her own state, but her point of view will not be that of a person who has been long in the lime-light, but that of the majority of our able women,—persons who are doing the finest work in a quiet way.

Miss Roberts' experience has been varied and interesting. She graduated in 1899 from the Jewish Hospital, Cincinnati, and then became clinic nurse in the Erlanger Hospital, Chattanooga, Tennessee, going thence to Savannah, Georgia, where she established the training school of the Savannah Hospital, becoming its first superintendent. She then did private duty nursing in Chicago for four years, and for a few months was acting supervisor of the Maternity Department of the Evanston Hospital. Later, she became superintendent of the Dr. C. R. Holmes Hospital of Cincinnati, a position she held for some years. Early in the war, she was made director of the Bureau of

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Nursing of the Lake Division of the American Red Cross, serving in that capacity until she was asked to become director of the unit of the Army School of Nursing at Camp Sherman. Since then, she has been a student at Teachers College.

In association work she has been president of the Ohio State Association and was a member of the Ohio Committee of Nurse Examiners. Both these offices brought her closely in touch with the work of state registration, first in securing the law, and then in its administration. Those nurses who attended the convention of the American Nurses' Association in Cleveland, in 1898, will remember Miss Roberts as a tireless and efficient programme monitor.

It will be seen from this outline that Miss Roberts has had the opportunity to share in many varieties of nursing work. She has even touched the borders of public health nursing by being a member of a visiting nurse association board. During her course at Teachers College, and without any thought of taking up magazine work, she has been studying journalism and English, all of which will be a benefit to the JOURNAL.

Miss Roberts has a kindly, friendly spirit,—a personal, human interest in the people with whom she comes in contact, and that is the spirit which our JOURNAL readers have felt in their intercourse with Miss Palmer, when they have met her personally, or by correspondence. It is the spirit which we all wish to have continued,—for a magazine, like a human being, must have a heart if it is to be of service to the many who turn to it for help in their various problems. We know our readers will join us in welcoming Miss Roberts most heartily to her new position.

OTHER JOURNAL CHANGES

Several changes in departments are being made at this time. Laura R. Logan of Cincinnati will succeed Miss Stewart as editor of the Department of Nursing Education, while the Department of Public Health Nursing will be conducted by the National Organization. The department of Notes from the Medical Press and Book Reviews will be discontinued in their present form, though the Book Reviews will be carried through the present volume. It is becoming more and more difficult to make space for departments which must be set within certain limits, and by the new arrangement, any available space may be used for book reviews or for medical notes.

It is always a regret to part with editors who have served interestedly and faithfully. Miss Foley has constantly given her small salary as department editor to the Relief Fund and Miss Stewart insisted that hers should be suspended while the JOURNAL was having

hard rowing. Both have been prompt and resourceful. Miss Cameron has coöperated with us in every possible way, always willing to have her department left out, if the space were needed. Miss Scovil is the hardest to give up, for she has been longest with us, having been a contributor to the first issue of the JOURNAL and a member of our staff ever since. For many years she did her work with no compensation, as did all the earlier department editors, and she was as dependable as the sun. We believe the only time her material ever failed to reach us ahead of the scheduled date was when it was drowned en route, having fallen over a bridge from the hands of a messenger.

She will continue always a close friend of the JOURNAL and will occasionally contribute to its pages. Many who love to read her contributions may still follow her in the pages of the *Canadian Nurse*, where she conducts two departments.

THE JOURNAL BOARD

The directors of the American Nurses' Association, representing the stockholders of the AMERICAN JOURNAL OF NURSING, met on January 20, and elected the following to serve as directors: S. Lillian Clayton, Pennsylvania; Susan C. Francis, Pennsylvania; Elsie M. Lawler, Maryland; Mary M. Riddle, Massachusetts; Mrs. J. E. Roth, Pennsylvania; Sarah E. Sly, Michigan; Jane Van De Vrede, Georgia.

Immediately after the stockholders' meeting, the new JOURNAL Board met and elected Miss Clayton, president, as Miss Sly, after a very hard year of valued service, declined reelection. Miss Lawler and Miss Riddle were reelected secretary and treasurer.

DIRECTORS' MEETINGS

The boards of directors of the American Nurses' Association and the National League of Nursing Education held meetings in New York in January, also, as well as the joint boards and various national committees. The board of directors of the American Nurses' Association was fully represented except for Miss Foley, whose other engagements conflicted, and for Mrs. Twiss, who was for the second time this season passing through a period of great anxiety, ending in bereavement.

The principal matters transacted at these meetings are reported under Nursing News.

It is a disappointment to many that the fund for the appointment of an interstate secretary is not sufficiently large to assure having one at this time. Contributors to the interstate fund are asked to hold their donations until plans for the work may be matured.

SCHOLARSHIPS

The Isabel Hampton Robb Memorial Fund Committee, at its January meeting, decided to offer six scholarships of \$250 each, for the school year, 1921-1922. These scholarships will be given to applicants who are preparing for teaching or administrative work in hospitals or training schools, as the demand for women so prepared is very great.

There are already a number of applicants for these scholarships, and by June 1st when the lists are closed, there will be many more, so that the award becomes a competition and a survival of the fittest.

After all the applications are in, papers giving a full description of each applicant's qualifications are sent to the various members of the Executive Committee. Each member weighs the evidence carefully, and then arranges the list of names in the order in which, according to her judgment, they should be considered. The lists are then compared, and the six names standing highest on all the lists are the six chosen to receive scholarships. The names immediately after the first six are considered as alternates. The awards are, therefore, as fair as human judgment can make them.

PRESENTATION OF PURSE TO MRS. HELEN HOY GREELEY

Practically every nurse in the country in any way interested in or familiar with the tremendous amount of work that was involved in the passage of the Jones-Raker Bill that gave relative rank to Army nurses, has at some time felt a desire to express to the National Committee, and its able counsel, Mrs. Helen Hoy Greeley, her appreciation for standing so loyally behind this measure during the long months that the battle was on.

Such thought waves usually find expression through a small group or single individual. Such was the origin of this plan to convey to Mrs. Greeley some suitable expression from the nurses of the country, by Miss Nutting, Miss Maxwell, Miss Noyes and others of the National Committee for Rank.

The word was passed along to State Associations which responded enthusiastically, and plans were made to present a purse to Mrs. Greeley during the meeting of the joint boards of directors. It was discovered, however, when these plans were matured, that Mrs. Greeley was leaving for an extended western trip, just prior to the dates for the January meetings, and before Miss Noyes could land, so it became necessary to change the plans. At a luncheon given at the Cosmopolitan Club, New York City, on Saturday, January fifteenth, in the presence of nine members of the three national organizations chosen to represent them, a purse was presented to Mrs.

Greeley, with characteristic remarks by M. Adelaide Nutting. Miss Nutting expressed very feelingly the appreciation of the nurses of the country to Mrs. Greeley for her faithful and loyal fight for their interests and achievements. The occasion was a complete surprise to Mrs. Greeley, but she responded in a way that showed both her joy and appreciation.

A TWICE-TOLD TALE

The American Red Cross asks us to say here, again, what has been said in many other ways, many times, that nurses who have been in government service and who fall ill, should find out at once, from proper authority, whether they are entitled to help. The trouble is that they go on at their own expense and finally, at the eleventh hour, turn to the aid they might have had from the beginning. We quote exactly from Florence M. Johnson of the Atlantic Division:

We are continually finding or hearing of nurses who are in need of medical care, or compensation, or vocational training, to all of which they are entitled by their service in the government. Many of them spend their money in employing private physicians for operations and even for hospital care and other forms of treatment, and then, when all else fails, they realize that perhaps they are eligible for something under the Public Health Service. It is so much easier to have them apply first, instead of having to try and help them to collect back bills.

All ex-service nurses are entitled to the same benefits that come to the men. In order to help the nurses, the Public Health Service has appointed four consultant nurses in different parts of the country to work with the various public health districts. Nurses living in the states from Maine to Virginia belong to the Atlantic Division; those in the states from Alabama, North Carolina, and Tennessee, through to Wisconsin, belong to the Southern Division, of which Jane Van de Vrede of 294 Ivy Street, Atlanta, Georgia, is in charge; nurses living in the middle western states from Arkansas to Texas belong to Ethel Pinder, of the Frisco Building, in St. Louis, Missouri, and the nurses living in the Pacific States, including Arizona, Idaho, etc., should apply to Lillian White, of the American Red Cross, in San Francisco.

The nurses can always obtain information by writing to any one of these consultant nurses. If, however, there is a Red Cross Chapter or Branch or any other Red Cross official near where the nurse lives, she can learn through them what is the name of the doctor belonging to the public health service nearest to her own home.

HOSPITAL LIBRARY AND SERVICE BUREAU

At its recent meeting in Montreal, Dr. Billings, president of the American Conference on Hospital Service, announced the establishment of its Hospital Library and Service Bureau at 22 East Ontario Street, Chicago. Printed announcements of this Bureau have now been distributed which show the types of material which will be collected and which will be available for reference, gratuitously, for all who are interested in the improvement of hospitals and of their service to patients.

add info?

Information will be grouped under the following headings: I., The Hospital Field; II., Construction of Hospitals; III., Operation of Hospitals; IV., Training of Hospital Personnel; V., Organized Activities Bearing on the Hospital Field; VI., Associated Information; VII., Hospital Literature.

Comments and suggestions are requested as to the best use of this Bureau. Our national nursing organizations belong to the American Conference on Hospital Service and it is most desirable that the nurses' point of view shall be considered in its activities, and also that nurses shall gain the point of view of others interested in the same objects which absorb us so completely. Inquiries should be addressed to the Director of the Bureau, Donelda R. Hamlin.

SUGGESTIONS FROM JOURNAL READERS

A JOURNAL reader asks us whether we cannot have a department devoted to wit and humor; she thinks it would enliven the magazine. We think it would, too, and we should be glad to accede to this request if it were possible to spare the room for it. As it is, we will go half way. There are sometimes small spaces left, at the ends of articles or departments, where a paragraph can be inserted. If our readers will send us amusing items which have not been published elsewhere, we shall be glad to tuck them in as "fillers," when we have such space to give. We will also pay for such items as we use, provided the nurse sending it vouches that it is original material, never before published, and if she sends us her full name and address.

Another reader wishes we might publish data on various kinds of vacations which nurses have taken or might take, descriptions of shacks or of favorite haunts. We believe such descriptions might be published in the Letter Department with great advantage to those who have vacations ahead, but who do not know how best to use the blessed weeks which should give them the needed balance for the rest of the year. Such letters should be sent in soon, if they are to be of value to those who must make plans well ahead of the summer months.

A Missouri nurse wishes that the JOURNAL might be found in every public library and reading room, especially for the purpose of making the general public more familiar with nursing aims and ideals. Would it not be an effective part of the recruiting and educational propaganda of each district association to place the JOURNAL before the public in this way?

PUBLICATIONS OF INTEREST TO NURSES

The Hospital Social Service Quarterly, after two years of publication has become a monthly magazine to be known as *Hospital Social*

Service. The first issue of the monthly magazine contains the survey of hospital social work in the United States which was made by the American Hospital Association last year; an account of social work in hospitals of Toronto by Robert Mills of the Toronto Health Department; an article by O. M. Lewis and two collaborators of the Division of Venereal Diseases of the Massachusetts General Hospital; a discussion of methods of Parental Authority, by J. L. Beard. Besides news notes and abstracts of articles of interest to the medical social worker, there are departments devoted to the American Association of Hospital Social Workers, and to Cardiac, Nutritional and Handicap Work.

We are in receipt of a monograph entitled *The Effect of Certain Agents on the Development of Some Moulds*, written by K. G. Bitting, M.S., who has spent years of research work on foods,—the special inquiry in this publication being as to the effect of condiments and other spices in preserving foods.

The monograph contains text matter, tables, and many illustrations of microscopic slides. It will be of value to those making a special study of dietetics and nutrition.

DEATH OF FLORENCE SWIFT WRIGHT

It is always one of the greatest mysteries of life, when a man or woman in the prime of life, useful, energetic, a power for good, is taken by death, while many who live for themselves, alone, are left.

Florence Swift Wright is well known as an industrial nurse and as author of a recent book, *Industrial Nursing*. Her work as an industrial nurse had been notable and she had also been a supervisor of midwives, in New Jersey, and had been greatly interested in their problems. She had recently gone to New Haven as assistant to Miss Hills of the Visiting Nurse Association, to broaden her knowledge of public health work.

Last spring she was busy gathering names and addresses of industrial nurses and notifying them of the special sessions to be held at the convention in Atlanta. It was doubtless due to her efforts that the Section on Industrial Nursing was formed at that time. She was not able to be present, but she was elected president of the section.

Although she had not been well for the past four years, Miss Wright accomplished more than does the average nurse who is in full health. She was taken ill on a train, while traveling from Pittsburgh to New York, and died in New York City. All who value unselfish, untiring work, will sympathize with Miss Wright's friends and will feel, themselves, a sense of loss.

AGAIN THE CALL TO DUTY¹

BY M. ADELAIDE NUTTING, R.N.

*Director, Department of Nursing and Health, Teachers College,
New York*

It seems a far cry tonight from that hour, two years ago, when I stood here with other friends of the Vassar Training Camp to speed you on your way—not to the fields of France, but to those other battle fields—our great hospitals, where the never ending warfare against disease goes steadily on as it has for centuries past. And there at Bellevue, at Philadelphia, at Boston City you found your Argonne forests, your St. Mihiel, your Belleau Wood. To no members of our Army Nursing Service in France or elsewhere, was applied a test of courage or spirit more searching, more severe, than that which you faced during those first awful weeks of grappling with deadly pestilence.

To us of the older generation, anxious watchers from without, the way in which you met that test, the quiet heroism, the unfaltering devotion to the duty before you, can never be forgotten.

Caught up by the great tide of emotion which had swept over our country, having offered yourselves for difficult service, in a field of conspicuous importance in war, and fresh from those wonderful weeks of inspiring teaching by great teachers, it is hardly to be wondered at that you brought with you the glow and the exaltation which carried you so gallantly through that tragic crisis. Beyond all question you were then "by the vision splendid" on your way attended.

But the real tests of life, I suppose, do not come to us in those great and stirring moments. Our actual characters, our genuine strength and worth are not shown in the ardor of our response to such appeals. They reveal themselves in the steadfastness with which we hold to a high purpose through the dull routine of daily duty, over long periods; in the fortitude and faith with which that purpose is pursued in the face of discouragement and sometimes defeat; in the dauntless spirit which holds "that tasks in hours of insight willed can be through hours of gloom fulfilled."

In his *Energies of Men*, William James is very clear on this subject. He describes those mothers or daughters who had successfully held their families together over long and difficult periods by sheer force of valiant will, taking all the thought and doing all the work: nursing, teaching, cooking and sewing, and soothing and smoothing

¹ Addressing the Alumnae of the Vassar Training Camp, November 26, 1920.

the whole neighborhood into finer shape: and "Human nature," he says, "responding to the call of duty, appears nowhere sublimer than in the person of these heroines of family life."

It is largely this spirit, this refusal to look upon the daily duty—made up of the necessary tasks of life—as a kind of slavery; this sense of responsibility for standing by our work as a captain stands by his ship, which forms the bone and marrow of nursing.

I have been thrilled of late by a simple little story which came into my hands from a rural district nurse describing her work. I do not even know her name, but because she is one of our sisterhood, I am sure she would be willing to let me read it to you. (This account was finally extracted from the nurse after several appeals for information had been sent her.)

Work established.—June 8, 1908.

Number of nurses.—One. Has been here twelve and one-half years.

Kinds of cases cared for.—Surgical, medical, obstetrical, tuberculosis, also contagious, exclusive of scarlet fever, smallpox and diphtheria.

This is a rural district of 63 square miles with a population of 2950. It also includes 12 small villages. The nurse responds to calls from all the villages. Conveyance is by an automobile driven by the nurse. Emergencies and obstetrical calls in neighboring towns are also cared for by the nurse, and daily service given, when it does not interfere with the work of this town.

Only obstetrical calls, and calls of extreme urgency are answered at night. Sometimes it has been necessary for the nurse to remain 24 hours on urgent cases, until relieved by a private nurse.

In May, 1916, the industrial work at the Fuse Plant was taken over or, rather, established by this Visiting Nurse Association. This factory has an excellent emergency hospital where its employees are cared for daily.

At intervals since 1908, the nurse has been called into the schools, of which there are 11 district, 2 graded grammar, and 1 high school. The pupils number about 850. In 1919, the nurse was appointed a regular school nurse, making weekly visits and having routine class inspection with five-minute health talks, doing dressings for skin diseases, and abrasions, in the school buildings. Defects were noted and parents informed, follow up work in the homes, and transfers to hospitals for corrections of defects, have been attended to by the nurse. Much improvement was noted of the children as well as of the parents and homes. (We have a large foreign population of Polish, Lithuanians, Italians, French and Spanish, owing to the factory and tobacco plantations.) We are now planning for a dental clinic. Infant and child welfare work are of great importance as also is the tubercular work, follow-up work with nursing service or instructive visits being given by the nurse in the homes.

The nurse has assisted at over 1500 confinements (without the loss of a mother), in 106 of which the patient was delivered by the nurse, when a physician was not get-at-able. Three confinements in 17 hours, or 4 in 22 hours, all in different parts of the town, have been cared for with the nurse assisting at the delivery.

We have several charitable organizations in this town, and churches, as well as the Red Cross Chapter which gives assistance to those needing it, but investigation is made by the nurse, and results tabulated.

The information given in this letter does not mean statistics, but facts. Needless to say, the nurse is busy, but with the hearty cooperation of the townspeople, Board of Education, Fuse Plant, Red Cross Chapter, and other organizations, the work is enjoyable, and results have been attained in the twelve and a half years of the life of this association. The writer has had the pleasure, also the hard work, of being the nurse for the above length of time.

I can hear you say, "How do you manage to do it alone?" The answer is simply that the work, though grown tremendously, has concentrated much more since the addition of the industrial and school work. The parents of the school child are seen at the factory, or at their homes as district patients, time is saved and duplication of work is avoided. All this work just dovetails, thus saving a loss of time and labor while the circle is being completed.

This is just to show you a little of the scope of my work, and to offer an apology for not writing before, but really, I am busy 26 hours out of the 24! I love it. It is no credit to me, for I cannot help it, and I would do just the same wherever I was, or whatever field I entered.

From this letter you perhaps realize that monotony is something that never seems to appear in the day's routine, so varied and numerous are the calls.

Very beautiful to me is this picture of nursing—with its firm and helpful hold upon life's realities and human necessities, with its wealth and variety of human relationship, with its almost infinite opportunities for kindness and tenderness and with its sacred intimacies,—and rich indeed is it in friendships and good will.

Nowhere can this picture take on a fuller and finer embodiment than in our great hospitals wherever the true spirit of nursing is at work permeating and guiding their "sleepless energy." To seeing eyes those years of hospital service are a matchless experience and as time goes on, you will probably feel as most of us do that it is one of your most precious and enduring possessions,—that you would not part with it for anything.

Yet there is no work apparently which can wholly safeguard us against ourselves,—and it is, I am sure, certain that some of you during the past two years have had many dark and doubtful hours. "Am I she who once stood on Crimean Heights?" cried Florence Nightingale in such a moment of desolation. This note of despondency was simply the utterance of a soul striving after perfection and finding the path difficult and thorny. (But her biographer intimates that her remedy for such moods might lie in turning immediately to write a chapter on "Drains.")

Now, if for any of you the vision of two summers ago has faded or vanished, may this not be the hour and the day to try to recapture it, to try to grasp the fact that nurses everywhere are engaged in a warfare that is in one sense even greater than that in which our world has been engulfed. Strange that any one should fail to see this!

There were, it is true, millions of men finally drawn into active combat during the war, but there were periods of cessation from actual fighting, and all of them knew that the war would end,—but what have we in our war against disease? We have constantly, at all times, 3,000,000 of our people seriously sick and battling for their lives with an invisible enemy. They have been attacked in all of the places where they have to live and work; in the mines, the factories, the railways, and shops, the streets, and even in their homes and often the sufferer himself has not only had no share of bringing the disease or injury, but no knowledge of what has brought it or what he might have done to avoid it. Yet fully half of all these diseases are preventable and, says Dr. Welsh, if we would apply the knowledge we now have, we could cut the present death rate in two.

Now, unquestionably we as nurses have a good deal of that knowledge, and for the uses we make of it there rests upon us, I suppose, an obligation and a responsibility which no one of us would consciously evade.

In the public health field, to which doubtless many of you will be drawn, there is abundant evidence that the work of nurses has brought about a reduction both of morbidity and mortality. This branch of nursing seems to be one of the most humanly satisfying occupations in which a mere mortal can be engaged, for it appears to be ready to concern itself with about the entire range of human activities, and to cover the full span of human life from infancy to second childhood. With such a vast field for the display of our energies, it will be long before the supply of nurses with the special training needed will be able to meet the demand. Its inherent attractions are such, however, that no words of mine are needed to commend it to you.

Nor, because it will be left to others, shall I speak of private nursing, by far the largest branch of our work, though it is interesting to note that it occupies a relatively smaller proportion of nurses to the entire body of the profession than private practice does of medical men.

There is one branch of nursing, however which cannot safely be neglected, and this lies in our hospitals and training schools, where the teaching and shaping of future nurses for their varied tasks is now going on, and where in large part I believe it will inevitably continue. These schools are the fountain head of all of our work, creating and shaping our traditions, ideas, ideals, and methods. There are nearly 1600 of these schools established in hospitals of every kind, public and private,—large and small,—in city and country.

The system under which nurses are trained is a peculiar one,

like no other now in existence so far as I know. Far ahead of its day when created by Florence Nightingale, it is now in many of its aspects outworn and unable to meet the strain of today's needs in the education of nurses. Nurses of the present generation have struggled to introduce obviously necessary reforms, but it is as difficult as ever it was to pour new wine into old bottles. The training of student nurses is interwoven so completely with the actual care of the sick in hospitals that the very existence of many of these institutions would be imperilled if the training school were withdrawn, or even if changes were to be made which greatly limited its actual nursing service to the sick. It is difficult to push forward educational reforms which so react upon others, many of whom are helpless. The almost complete dependence of the hospital upon the training school for nursing service has made educational progress painfully slow and difficult, while the entire dependence of the training school upon the hospital for funds, has ensured the restriction of educational work to the barest minimum required for safety in practice. It should never be for one moment forgotten by any nurse that hospital training schools are the only institutions in existence that attempt to carry out an educational scheme with virtually no financial resources. Let me repeat here what I said two years ago,—that hospitals as I have known them, are continually the scenes of quiet heroisms, of high devotion to duty, of constant sacrifice of self, but the attitude of hospitals to training schools is another matter.

Well may our schols say as Christian, in *The Pilgrim's Progress*, said to Pliable who urged him to mend his pace,—“I cannot go as fast as I would by reason of this burden which is on my back.”

Now it is certain that profound changes in this system must take place, indeed, in some schools certain important improvements are even now going on. But it is equally certain that the kind of educational advances needed cannot be worked out and carried forward by those who are unfamiliar with modern educational methods and ideals.

At this time when several of our leading universities have seen the significance of nursing in the scheme of the world's work, and have taken over the conduct of schools of nursing, when other universities are considering similar action, when a new world in nursing actually seems opening before us, we are delayed and hindered and our progress is impeded because we have too few among us who combine with a sound educational foundation, the administrative ability and experience which would be necessary in the development of a new method. From our training schools whatever they are or may become, must arise the leaders of all forms of future nursing,—

the superintendents of nursing in our hospitals, the principals of our schools of nursing, and the entire body of assistants, instructors, supervisors and head nurses. Records, though inadequate, show that over 10,000 nurses are now occupied in such capacities in our hospital schools of nursing, and I have no hesitation whatever in saying that every one of them ought to be a woman of liberal education and of first-rate ability, but saying so will not make her so.

From our schools too must come that army of public health nurses who are to carry their beneficent efforts into homes, schools, factories, and into our long neglected rural districts. These are all leaders in a way in their several fields, and their training is by no means adequately worked out yet, nor are their fields of work properly organized or developed.

Such improvements in our schools as will first draw in to them women of good potentialities and then draw forth and shape their highest powers, are what we need. Such reforms as are needed are not brought about by those who stand outside and point to defects and flaws in the structure. In so far as nursing is concerned, anybody can do that. Indeed, I presume that no educational system would be exempt from such criticism. To me the one way of remedying the defects in our hospital training schools is from within, and those who are to contribute greatly toward the rebuilding of our educational structure must bring, not only much knowledge and ability, but constructive imagination, sympathy, and great patience.

We shape the future in nursing just as surely by what we do not do, as by what we do, and it may be that the great choice for some of you is still to be made. I would invoke for you, if I could, the spirit of our pioneers—those nurses of the past who transformed hospitals from the degraded position into which they had fallen into the safe and useful institutions upon which we all lean so heavily in time of trouble, and who have brought our schools to such a degree of efficiency that they are justified of their works in thousands upon thousands of homes and families and in a public demand for nurses which it seems impossible to satisfy.

My last word to you then, is not unlike my first. It still breathes of duty. It points to what still remains to be done.

"Stern Lawgiver, yet thou dost wear
The Godhead's most benignant grace
Nor know we anything so fair
As is the smile upon thy face."

ORAL HYGIENE¹

BY ELIZABETH WIRTH, D.D.S.

Butte, Montana

Within a short period of time dentistry has attained great popularity. The literature of to-day is full of its importance and bearing upon health. In the social and business world, conversation on dental troubles has become a favorite topic. The importance of fillings, crowns, bridges, and work relative to restoring lost tooth structure has long been appreciated by many, but in contrast is the woeful ignorance that now exists among the majority of people in regard to mouth hygiene. Not a little of this ignorance is within the dental profession itself, that is why they neglect the hygiene of their patients' mouths. Especially is this true in regard to children.

New York was the pioneer state to recognize Oral Hygiene as a state function, to teach in an educational manner in the schools the importance of conserving the health of the children. This pioneer state action was taken on December 7, 1910, when the State Commissioner of Health appointed two dentists as lecturers for the State Department of Health, to teach the pupils the health value of clean mouths. During that first year, illustrated lectures on Oral Hygiene were prepared and given in many of the schools. Hundreds of teachers and thousands of pupils were taught to take better care of their mouths and teeth, to keep them clean to prevent decay.

During the past year, in New York State, more than one thousand physicians were employed as school medical inspectors; one hundred and seventy-eight nurses are now engaged in this work, forty-five of whom are in rural districts. For many years, in fact ever since school children were first examined for physical defects, it has been apparent that dental defects were those most frequently found. To find these defects is an easy matter, but to correct them and prevent their recurring is a difficult problem.

Dental inspection should be made a special feature of school medical inspection and placed under the direction of a dentist well trained in oral hygiene. School physicians, school nurses and parents should be taught to recognize the first permanent teeth and to advise as to their vital importance. The necessity of preservation of deciduous teeth should be explained fully to those to whom care of young children is entrusted. In my practise I have had many young children, as well as grown-ups, present mouths showing a

¹ Read at the ninth annual meeting of the Montana State Association of Graduate Nurses, Butte, Montana, June, 1920.

slovenly and inflamed condition, with marked signs of infection from deposits and fermentive reactions. To the average person, the idea does not occur that this condition is one eminent cause of decay and malnutrition,—not to mention many chronic and acute diseases. They brush their teeth carelessly once, maybe twice, a day, make a visit to the dentist once or twice each year, but the gradual loss of the teeth seems certain, and by the fortieth year one is fortunate who escapes the ravages of pyorrhea and its detrimental results. The toxic influence of unclean mouths is especially noticeable in children, frequently producing headache, dizziness, imperfect vision, slight fever, and malnutrition. These minor ailments are only secondary to the dangers of systemic infections, which are often produced by actual penetration of the bacteria through the mucous membrane of the tonsils, pharynx and intestines.

It is stated that barely 15 per cent of our people use a toothbrush. Is it any wonder that the picture of the unsanitary mouth cannot be overdrawn, nor the prevalence of such mouths be overestimated. Inflamed and congested gum tissue, broken down and decaying teeth, green and brown stains, calcarous deposits and decomposing food debris,—these mouth conditions are the rule and not the exception.

For a number of years, dental pathologists have repeatedly called attention to the dangers of these pericemental infections as a probable cause of systemic disease, that by way of the lymphatic vessels in the pericemental tissues, the ingress of bacteria through these vessels into the blood stream and their localization in some other tissues of the body takes place. There is scientific and clinical evidence to prove that pyorrhea alveolaris is a cause of systemic infection produced in any one of these ways. First, by the constant exudation of pus into the mouth and then into the digestive tract; second, by the lymphatics absorbing bacteria and their toxins present in the deeper areas of the infected tissues; third, by the pumping action of loose teeth in their sockets during mastication, forcing bacteria and their toxins into the capillaries and thus into the blood stream. It has been estimated that more teeth are lost from pyorrhea alveolaris than from dental caries. The gingival borders of the gums present an area eight times greater than that of the crypts of the tonsils and in the average mouth the gums are congested and bleeding. This provides an ideal culture medium for tubercle bacilli, and seriously hinders the medical profession from making further reductions in the mortality from this disease.

The third phase for consideration is more serious than the first two, that of an infected area within the bone tissue at the apices of

the roots of the teeth; this we had never suspected, but of late the X-ray has revealed it to us.

These infections are found only upon teeth with devitalized pulps and have long remained undiscovered due to no local soreness, pain, inflammation, or pus. It is because these conditions are so prevalent that they are the most serious menace to health that has yet been presented to the dental and medical professions.

We are forced to realize that we are now facing our most serious public health problem in these pernicious mouth conditions. Mouth hygiene must be considered the most important health measure. Dentistry can no longer be considered a luxury, but a necessity for every one. These pernicious mouth conditions are not necessary. Eighty or ninety per cent of dental decay can be prevented by a system of extreme cleanliness and correct diet.

The bacterial plague is the initial stage of dental caries and the removal of these bacteria from all surfaces of the teeth by hand polishers is the most sufficient means for the preventions of these plagues. Also the frequent removal of all calcareous deposits around the gingival margins of the teeth by use of instruments is most effective in preventing destruction of the dental tissues surrounding the roots of the teeth.

There are in the United States about one hundred and ten million of people and approximately forty-eight thousand dentists. There not enough dentists in the profession to cope with the dental conditions as they now exist, but the means by which the problem can be solved lies through the Dental Hygienist or Dental Nurse. There are now organized training schools for Dental Hygienists at Columbia University, New York; Forsyth Dental Infirmary, Boston; the Eastman Dental Dispensary, Rochester, N. Y., and several others.

The present need of the dental profession in solving the public health problem of mouth hygiene is an immense corps of women workers, educated and trained and competent to enter dental offices, infirmaries, public clinic sanitariums, factories and private corporations to care for the mouths of the millions of people who need this service so badly.

Every state should have its own training school and if the dental profession is not able to meet the situation, the state health and educational authorities should do it. This is the only sane and logical method by which help can be provided for the adult population and through them to educate and instil in the minds of the children the absolute necessity of oral cleanliness so that the habit may become a part of their daily lives.

THE VALUE OF THE WASSERMAN REACTION IN DIAGNOSING AND TREATING SYPHILIS¹

BY MARIE X. LONG, R.N.

Paducah, Ky.

This is a large subject, and, as I am not a physician, I realize that to treat the subject theoretically would be a presumption on my part, so I will give a practical outline which may be helpful, not going into the history of the many experiments which have been made.

The Wasserman reaction is one of the most sensitive of laboratory tests, and one that cannot have too much care, as an error one way or the other is most serious. The laboratory worker has no desire to report a serum positive if it is not, or if inhibition is due to any other factor than the presence of a syphilitic infection. On the other hand, it is just as serious to report a negative Wasserman if the patient has syphilis. One negative report can never be relied upon, particularly if the clinical symptoms are suggestive of a specific infection.

Taking the Patient's Blood.—One of the chief factors of success is to know when to take the patient's blood for examination, and when not to. If the patient is under specific treatment, the blood should not be taken for examination until the treatment has been suspended for at least two weeks, as during active anti-syphilitic treatment, the blood may react negatively.

If the patient is an alcoholic, the blood should not be taken during the time or immediately after he has been drinking, as this will cause a false negative reaction.

There are also diseases which sometimes give false positive reactions such as Yaws, Sleeping Sickness, Pellagra and Nodular Leprosy. Pellagra is the only one that is apt to give us any thought on this, and it has been practically denied that Pellagra will cause a positive reaction. Slight positive reactions may occur in Tuberculosis, Measles, and Scarlet Fever. In tubercular patients, the control tube of patient's serum does not, as a rule, show complete hemolysis, and if a tuberculosis fixation is run, usually we get a positive reaction. In the case of Measles or Scarlet Fever it is best to repeat the test when the patient has recovered.

Blood should not be collected after anesthesia or while the patient has a high temperature, as these have a tendency to give a false positive reaction. It is not advisable to take the blood if the patient is taking medicine. Frequently the examination must be repeated if

¹Read at the fiftieth anniversary meeting of the Southwestern Kentucky Medical Association, May, 1920.

the blood has been taken under these conditions. In most of the diseases yielding a positive reaction, the clinical symptoms are so marked that they may be readily differentiated from syphilis and accordingly the Wasserman is of unequalled and incalculable diagnostic value.

Taking the Blood or Spinal Fluid.—Two factors in taking the patient's blood must always be remembered. The specimen must be collected aseptically into a sterile container. This is especially necessary when there is delay in transmitting the fluid to the laboratory. When sent through the mails from distant points, blood serum will carry better in a small container which is practically full, as when the container is large, with a small amount of blood, agitation takes place which breaks down the red cells.

If the blood is to be examined the same, or the following day, the specimen of blood may be collected in chemically clean but not necessarily sterile containers. Bacterial contamination renders a fluid anticomplementary and unfit for complement fixation tests.

The specimen of blood can be taken in several different ways. In the hospital, the laboratory workers usually take care of this, but it is frequently necessary for the doctor to do it himself.

When patients have to be bled frequently, it is best to use the finger or the ear. Frequently enough blood can be obtained by lancing the finger on the side, holding it over a small tube, and milking the finger. In children the big toe is sometimes used, or the heel, while in very young children, the external juglar or temporal vein must be used.

The Keidel tube is most satisfactory for the general practitioner, as these can be secured sterilized and ready for use. When using one of these, all that is necessary is to cleanse the arm over the median basilic, or the inside of the elbow, with iodine and alcohol. A tourniquet is applied about four inches above the elbow, and the patient is asked to make a hard fist. If the veins are not prominent, by gently slapping the arm over the median basilic, previous to painting with iodine, the flow of blood will be increased and the veins more readily seen. After inserting the needle, the end of the tube which is a rubber connection between that and the needle is crushed and the blood allowed to flow into the tube. The vacuum in the tube causes suction.

Frequently a Record or Luer Syringe is used. A needle can also be used with or without a piece of rubber tubing attached. The blood is allowed to drop directly into the test tube from the needle. If the patient does not bleed freely, the flow of blood can be stimulated by having the patient open and close the hand, making pressure on the palm as the fist is closed.

If a syringe or needle is used, it must be boiled before using. The water should be poured off while boiling, the heat will thus dry the syringe. About 3 to 5 cc. of blood will be required.

One of the great troubles with most specimens sent to laboratories is that frequently hemolysis has to a certain extent taken place. Water always causes hemolysis and, of course, if any moisture remains in the syringe or needle used, it is impossible to prevent this. Hemolysis being the chief factor in running the Wasserman, it can readily be understood why a serum of this kind would be unsatisfactory. Instead of having a nice clear serum to work with, it is red, due to the breaking down of some of the red corpuscles in the patient's blood.

We always mark each serum with the patient's name as soon as it is taken, and if the doctor withholds the patient's name, only using the initials, it is advisable for him to have some record of how these are marked.

Taking of Spinal Fluid for Examination.—Asepsis must be strictly adhered to; a lumbar puncture needle and not a Luer or Record syringe should be used. The fluid must be collected in sterile containers and two test tubes should be used, as the first one may have blood in it. Cerebrospinal fluid which contains blood can be used for the Wasserman, but it is not of any value for a globulin, cell count, or Lang's colloidal gold test.

If the patient is able to sit up, it is well to have him sit on a straight backed chair, facing the back, with the buttocks close to the edge of the chair. If the patient folds his arms over the back of the chair and rests his head on his arms, his back will be well arched.

Using the crest of the ilia as a line, it is easy to locate the fourth lumbar vertebra. The soft spot is found just above this. That is between the third and fourth lumbar vertebrae. There is some little difficulty in entering the wall, but one can easily tell when the needle is in. The trocar is then removed from the lumbar puncture needle, and the fluid is allowed to run out through the canula into a sterile test tube. If the fluid is bloody, use the second tube.

For a Wasserman alone, 2 cc. will be required. If there are to be other examinations, such as cell count, globulin, Lang's colloidal gold test, about 5 cc. will be needed. However, it is not well to remove too much, as the patient frequently suffers with severe headache following a lumbar puncture.

If the patient is in bed, he may lie on his side with the back close to the edge of the bed. The knees are drawn up, with the head and shoulders drawn forward.

The Interpretation of the Wasserman Report.—This is the next

thing the physician has to consider; and it is most important that he shall take the following into consideration.

Primary Syphilis or Period of Chancre.—As would be expected, a certain degree of tissue change must occur before syphilis reagin occurs in the blood. The Wasserman reaction in primary syphilis depends upon the virulence of the infection. A positive reaction may be secured during the first week after the appearance of the chancre. Craig has reported a positive reaction, five days after the initial lesion. In general, in primary syphilis the Wasserman will be positive in about 80 or 90 per cent. of cases. Craig has reported 34 per cent positive reactions during the first week after the appearance of the chancre; 57 per cent during the second week; 67 per cent during the third week; 76 per cent during the fourth week; and 80 per cent during the fifth week.

The cerebrospinal fluid, during the primary stage, has always reacted negatively. It is generally agreed that the diagnosis should be made as early as possible and vigorous treatment instituted. A Wasserman reaction may be performed, and if it shows a positive result, this indicates the presence of syphilis, even if the lesion under suspicion is not specific, the reaction being due to a previous infection.

A negative reaction, however, does not exclude syphilis, and if it is at all possible, a microscopic examination, using the dark ground illuminator, should be made for the treponema. In primary syphilis, a microscopic examination of the secretions of the lesion, by a competent person, is usually more valuable than the serum test. As a general rule, both examinations should be made, especially for patients in whom the chancre is almost healed or is atypical.

Secondary Syphilis.—In untreated cases of secondary syphilis, the reaction is positive in from 92 to 100 per cent. The intensity of the reaction does not bear any relation to the severity of the infection. In secondary syphilis without cerebral symptoms the cerebrospinal fluid is practically always negative. Conversely, cases showing cerebral involvement usually react positively. More recent work has shown that the cerebrospinal system is involved, and that in a relatively large number of cases. That is, about 30 per cent of secondary syphilis give a positive reaction with cerebrospinal fluid.

Tertiary Syphilis.—It is probably in tertiary syphilis that the Wasserman has its greatest value. Lues is responsible for so many diverse clinical conditions that the Wasserman reaction has become almost indispensable as a diagnostic aid. There is no limit to the time following infections in which the positive reactions may not be found. In active tertiary syphilis, untreated, about 96 per cent are positive.

In cases receiving more or less antispecific treatment, the reactions are positive in about 75 per cent. In general, therefore, a positive reaction in tertiary syphilis is found in 80 to 85 per cent of cases.

In a large percentage of cases of syphilitic aortitis, aortic aneurysm, aortic insufficiency, gummas of various organs, the reaction is positive and is of great value.

In general paralysis, paralytic dementia, the serum reacts positively in about 100 per cent of cases. In many other conditions where there has been no treatment, the percentage of positive reactions is very high.

Latent Syphilis.—In cases of latent syphilis (that is, concealed, not manifested) the Wasserman may constitute the only evidence of the existence of the disease and prompt treatment may prevent the development of tertiary lesions. Where the spirochetes are few in number and dormant, there is little tissue destruction or alteration. The reaction of the cerebrospinal fluid depends upon whether or not the central nervous system is involved.

What Is Meant by a Provocatory Stimulation or a Provocative Dose?—Simply this, that antisyphilitic treatment may convert a negatively reacting serum into a positive one. In not a few cases of latent syphilis, reacting negatively, the administration of a specific spirillicidal agent, such as mercury, or salvarsan, is followed by a positive reaction, due probably to the liberation of endotoxins from destroyed spirochetes or to a stimulation of the spirochetes by a dose of drug that did not suffice to kill them.

In cases where lues is known to be present, or is strongly suspected, and the Wasserman is indefinite or negative, the administration of .3-.4 gram of salvarsan, neosalvarsan (or substitutes as arsphenamine, etc.), followed by a Wasserman three days later, may now show a positive reaction and thus indicate a latent syphilis requiring further treatment.

Congenital Syphilis.—In congenital syphilis, the Wasserman reaction depends upon when the examinations are made; the majority of cases act positively. A Wasserman reaction of the mother and of the child at the time of birth, in cases where syphilis of the mother is suspected, has considerable prognostic value. A large majority of children reacting positively develop symptoms of syphilis; on the other hand, the majority reacting negatively remain healthy. An examination of the mother alone does not warrant an absolute definite prognosis for the child. In general, it may be said that a positive reaction does not constitute a favorable prognostic sign for a child.

In untreated congenital syphilis of children of one year and over,

the Wasserman reaction is positive in 97 to 100 per cent. of cases. The clinical manifestations may be quite varied and clinically ill defined, so that the serum reaction possesses considerable diagnostic value. In most cases the reactions are strong and while active treatment may improve local lesions, it is very difficult indeed to secure a negative reaction.

In congenital mental deficiency and epilepsy, the Wasserman reaction shows that syphilis plays a larger part in the etiology of this condition than is generally supposed.

The Effect of Treatment Upon the Wasserman Reaction.—Whether the treatment be mercury, iodides, or the substitutes for salvarsan, we must always bear in mind that one treatment will not suffice, two treatments will not cure, and so on; but that the entire course of treatment must depend upon the symptoms, that the Wasserman reaction is the most constant and delicate single symptom of syphilis, and whenever a serum is found to act positively, anti-syphilitic treatment is indicated and should be persisted in until the reaction becomes negative and remains so for a sufficiently prolonged period of observation. It is believed that a persistently positive reaction indicates the presence of living spirochetes and that treatment should be continued until the blood acts negatively. In former days there were hard and fast rules for treatment, but these are not sufficient.

As the Wasserman reaction is the most delicate symptom and the last to disappear, treatment should be continued until the reaction disappears entirely and permanently. It has been abundantly proved, however, that in syphilis a single negative reaction is not sufficient or definite evidence that a cure has been effective, for the disease may recur after treatment is discontinued, at least, to the extent that the Wasserman reaction reappears followed by clinical manifestations. It is necessary, therefore, that successive examinations be made during a period of at least two years, and off and on during the remainder of life.

In cases of tertiary syphilis, at least, it is advisable to examine the spinal fluid and continue treatment in case it shows a positive reaction, even if the blood serum is negative.

In every case the object should not be, simply to dissipate the external and obvious lesions, but to continue the treatment until there is, first, a continued absence of symptoms; second, a permanent negative Wasserman reaction.

A single negative reaction is a satisfactory indication of the progress of treatment, but it does not signify that a permanent cure has been effective; nor that a patient is free from all spirochetes, for,

in some cases, the clinical symptoms may recur after the treatment has been suspended, but the Wasserman reaction is the first symptom to reappear and is the earliest indication of an impending lesion. One fact is to be clearly emphasized, namely, that the earlier energetic treatment is begun, the more likely it is that a permanent cure will be effected.

Persistently positive reactions during treatment would indicate that more active measures or a change in therapy are needed. A positive reaction, after treatment has been discontinued, is an indication for its resumption.

The following questions are asked: Does a positive reaction invariably indicate the presence of living spirochetes? May the reaction remain positive for an indefinite time after the patient has been cured, just as agglutinins and antitoxins may persist in the blood for some time, after recovery from typhoid fever or diphtheria has taken place?

The sum total of the experience of investigators from all parts of the world would indicate that a persistently positive reaction means the presence of living spirochetes somewhere in the body. Lesions may not be active; the patient while clinically healthy may be infective, and is always subject to possible recurrences of clinical syphilis.

METHODS OF REPORTING THE WASSERMAN

++++	Strongly positive -----	100%
+++	Moderately positive -----	75%
++	Weakly positive -----	50%
+	Very weakly positive -----	25%
±	(Plus minus) Doubtful reaction, less than	25%
—	Negative.	

ONE HALF HOUR: A TRUE STORY

BY MAUDE MUSE, R.N.
San Francisco, Calif.

Four staccato taps of the little bell on the head nurse's desk.

The youngest Junior peeked at her wrist watch as she slid a kidney basin and rubber catheter into the sterilizer, and said to the ward maid who was cleaning the work room: "Twelve-thirty. That's probably to tell me to go to luncheon, but I'll slip back and finish here, so don't you turn off the gas." True to her training, she gathered up the dressing trays to leave them on the "supply shelf" as she passed, and reported at the desk.

"I'm leaving you in charge of the ward for the luncheon hour, Miss Brown. Everything is all right. The mother of the tonsillectomy case in No. 3 will stay with him. No. 18 and No. 15 are vacant. The specials are all at luncheon; watch their signals. Be sure to answer Mrs. Lysle's signal immediately. (Mrs. Lysle was the wife of the Attending Chief and a very exacting patient, demanding much unnecessary attention.) You probably will have nothing to do. Just sit here at the desk where you can see the lights and finish making these toothpick swabs."

The professional, "Yes, Miss Deever," gave no hint of sinking spirits or rising apprehension at being left "in charge" for the first time.

Even as the head nurse turned away, the telephone rang and the office announced: "An ambulatory case for No. 18. Dr. Black's case, for observation. Call Dr. Jones at once."

A swift visit of inspection to No. 18 to raise the blinds, turn on the heat, and to give the necessary information, instructions, and assistance proffered the new patient occupied the first five minutes.

While she wrote Dr. Black's name on the door slip, the signal of No. 16 flashed. Miss Dorothea Van Schuyler only wished to order orange albumen for her 3 P. M. nourishment, to request that her sister be telephoned to bring her shell pink bedjacket when she came down, and to suggest that the mauve orchids might look better upon the bedside stand than on the dresser.

Before the new patient's temperature could be recorded, Dr. McKay appeared to see the patient in No. 1 (though he had been repeatedly reminded of the hospital rule—"No doctor's rounds during meal hours"). "I'll do this dressing, Miss Brown. Bring—" but before he could finish, the patient interrupted with, "No you won't, Doctor. You spoiled my luncheon yesterday; don't you see I have my tray?"

This time the temperature was recorded and the admission card filed, when No. 3 flared and a white-faced mother beckoned from the doorway.

Yes, No. 3 was having a hemorrhage, but the little Junior kept her head. A mouth gag between the sharp little teeth, a sterile gauze on her long forefinger pressed into that surprisingly large cavity in the left side of the throat, and then quietly she told the mother how to call Dr. Swinterton. The intern came on the run; he had expected such an emergency and brought the Thromboplastic bottle with him. The danger was soon over; and the plucky mother, who appreciated efficient service, said she did not mind being left alone with the patient. Eight more minutes gone.

The telephone bell was ringing impatiently and Mr. Roberts' signal was on. Ringing for John, the orderly, as she passed the desk, the breathless Junior was informed at the telephone: "An ambulance case for No. 15,—on the way up."

With the blankets and hot water bottles for an emergency in her arms, the nurse asked John, "to sit at the desk and watch for signals."

The patient's family physician accompanied the ambulance and requested that the senior surgical intern be called at once. Summoned, protesting, from his luncheon, Dr. Blake scrawled the following orders:

No. 15—Mrs. DeKoven
Exploratory Laparotomy

1. For op. 1 P. M.
2. Usual prep. Dry shave—Iodine.
3. S. S. enema stat.
4. Morph. gr. 1/6
Scopolamine gr. 1/250 } on going to O. R.

"Dry shave! Thank goodness, it doesn't say 'and minor,'" gasped the Junior.

The razor was just poised for action when John's triple knock preceded his voice behind the screen, saying, "Mrs. Lysle wants you, Miss Brown. She says I won't do."

"Very well, John; and John, please bring a medium sized laparotomy jacket and stockings, pneumonia jacket and nightingale from the linen room while I am gone."

Excuses and reassuring words to the patient; a pause outside Mrs. Lysle's door to straighten cap and hair and assume an air of unhurried, unworried leisure, and a quiet, smiling Junior asks, "What can I do for you, Mrs. Lysle?" "Why, nothing. I knew it was the luncheon hour and wanted to see whom they had left on duty. I might want something." "Yes, just put on your signal if you do," replied the Junior with almost incredible patience.

Twelve fifty-eight,—and the patient had been "prepared," clad in the abbreviated operating room garb, examined for deciduous teeth, and was ready for the preoperative hypodermic.

No. 4 signal was on, but John could answer it. The telephone rang again but the operator replied, "Excuse it, please."

The operating cart was coming down the corridor and so was the head nurse.

"Why, you did not finish the toothpick swabs, Miss Brown!"

"No, Miss Deever."

"There is a new case in No. 18,—medical; no orders. An emergency case in No. 15 for immediate operation. These are the orders.

They have all been carried out. No. 3 had a slight hemorrhage, but is all right now. Dr. Swinterton was called."

"Well, go to the operating room with the case, and then go to luncheon. Why, you have not started a chart! Miss Brown, don't you know the chart has to go to the operating room with the patient? Well, get the patient on the cart while I start the chart."

As the little Junior, feeling older by years instead of by thirty minutes, hurried down the hall by the side of the operative case, someone opened the workroom door, which emitted a cloud of blue smoke and the unmistakable, penetrating odor of burned rubber!

"Oh, ye gods and little fishes!" gasped the weary Junior. "That catheter! I'll hear about that when I return at four."

As she passed the bulletin board on the way to the dining room, she smiled whimsically as she formulated a little notice which was never posted: "Lost, strayed, or stolen, a healthy, hearty young appetite in the last half hour."

AN OPEN LETTER TO AMERICAN NURSES

BY ANNA HAMILTON, M.D.

Florence Nightingale School, Bordeaux, France

Since Miss Palmer's death I have many times tried to write and express all my deep sympathy and all my gratitude towards her memory, but I have been terribly overworked all the year and always waiting for a little leisure time. Days and months went by and at last I broke down. Now sickness is over and gives me, as a convalescent, more time for letter writing than I have had for years.

I know that it is thanks to Miss Palmer, that this JOURNAL published many papers on the Florence Nightingale School, Bordeaux, France, and that this has been surely a great help towards making known the wants of the school and encouraging the nurses to subscribe to the "Memorial Fund." Miss Palmer was much interested in our school by the short address I was called upon to give at the meeting of the Board of Directors of the three National Nursing Associations, held in New York on the 17th of January, 1919. Miss Palmer came to see me later on at the Presbyterian Hospital and stayed until after eleven o'clock at night, always asking more information about the school and the general nursing situation in France. She also wanted to know why the long war had not induced a great many French girls to become trained nurses. The fact is, the Red Cross here has been for thirty years giving away thousands of certificates to amateur

nurses and, their appointment when the war broke out, to the most important posts in hospitals, has just brought on the opposite results, to what happened in the United States, thanks to the wise and clever influence of professional nurses, on the American Red Cross. Many American nurses noted how our war hospitals were managed, but in those hospitals, few people knew what was missing. Doctors here seldom know what are well managed institutions; the amateur nurses still less; and the patients had no notion things could have been otherwise (as hospitals even in peace time were often worse). In fact there was no one to point out the need for real nurses and thus induce girls to be properly trained, as was the case in America. Of course, French girls, not knowing what is proper training, find it more convenient to go in for short courses, where all the world and his wife go! It is quite a perplexing novelty in this country, to have seen thousands of professional nurses coming over from America, enrolled by the Red Cross or the Army, disciplined and competent, and yet ladies! Here professional nurses are looked down upon, because they have a salary, and when the war began, many of our graduates had to choose between going under the orders of an amateur Red Cross nurse, or not attending the wounded.

Miss Palmer understood that our school had the privilege of being the only French school having a general hospital of its own for the training of pupils, and that our institution has been known as an educational one these twenty years, so that it attracts girls who even pay for their board (as they would in college) and go through the regular training for nurses. To bring about these conditions in France, a hospital must not be under government rules or have a contract with a Sisterhood or with the Red Cross. Conditions which seem so simple and indispensable in American or English training schools are not thought much of in this country. The director of a school needs to be all powerful (on school and hospital) to establish the real training for the pupils. There are schools for nurses in almost all the large towns of France but without the training such as it is understood in America and England. It was Miss Palmer's idea (and my greatest wish) that bye and bye, our best graduates, after having had experience in our hospital and school, as head nurses and assistants, would establish other schools, having carefully gathered together all the conditions and the power to "make all things new" in an old institution! I must say that some of our graduates, who had never held posts in their "Alma Mater," tried to take charge of hospitals and have failed for lack of experience, to stand the fighting which always takes place in this country, either with the doctors, trustees, personnel, or pupils. Our graduates sometimes think that

because they have been pupils, they know all about the management of schools and hospitals and are ready for any responsibility,—but those who have been head nurses here, begin to think it is no easy matter to be responsible and the assistants feel they always want more experience.

Miss Palmer gave me much encouragement and she really helped me a great deal more than she could think, from month to month, by the way she mentioned the school and the "Memorial" in her editorials. The AMERICAN JOURNAL OF NURSING has many times been put into the hands of trustees, doctors, subscribers of this hospital. But you know the tribe of St. Thomas is not extinct and it could not be believed that such a wonderful donation to build the school, could ever be done, especially by nurses! How could a set of women, with salaries, be able to subscribe the needed sum? It was foolish to expect it. In December, 1919, there was a prospect of selling the beautiful land, given by legacy to the hospital, where the school was to be built. I was nigh to despair when a most wonderful event happened in January, 1920: the parents of a graduate decided to buy the land for the same price which was offered; and make a gift of the estate to the hospital, *on condition it would never be sold!* This was done for the purpose that the school should be built there in those lovely surroundings, that the hospital might be taken there also, established on modern lines so as to make the training less tiring and altogether attract a great many girls to enter the school for the benefit of all French patients bye and bye.

You may fancy my joy, my deep thankfulness, for now it was impossible to say that it was rash not to sell this valuable land, healthy, sunny, just large enough, and buy a cheap one so as to have money over for building purposes. You cannot think how this point of view, held by many since January, 1915, when the legacy was known, made me have sleepless nights! The owner of the land, Mlle. Bose, had for thirteen years before her death, constantly (though secretly) spoken to me about her wish that the estate that she so much loved, would be bye and bye, for the benefit of our patients. Many times she said she depended on me to have our institution established at "Bagatelle." Thus it was that after struggling four years against the sale of the land, I gladly sailed to the United States on the request of Dr. Ladd and Miss Evelyn Walker of the American Red Cross, who thought that I might over there find help to develop our school, considering the great need for properly trained nurses in this country. I landed in New York on the 28th of December, 1918, and on the 30th, as the guest of Miss Anna C. Maxwell, had the privilege of dining with Miss Delano and Miss Nutting. We did not think this

was our last meeting with Jane Delano who, after her wonderful war service, thoroughly tired out, was sailing next day for France. She said she meant to visit the Bordeaux School, but alas! Her journey came to an end at Savenay where she died, on the battle field of nurses, in a war hospital. Another golden star was placed on the splendid American nurses' service flag.

My visit to the United States lasted ten weeks; some people seemed very interested in the Florence Nightingale School, but they left it where it stood, and many others did not care a bit about it and I felt very sad. All along this anxious journey, the welcome I had in hospitals was my greatest comfort and the kindness of the nurses helped me on and kept up my courage. What a wonderful insight I had into the world of nursing! It was indeed a privilege. I will never forget the Presbyterian Hospital, New York, where I found a home: the Johns Hopkins, and the Massachusetts General where I was greeted like an old friend; and the Henry Street Settlement, so cheery and interesting. Teachers College, at Columbia University, was my last wonder. But on the eve of sailing (March 11th, 1919), I met Miss Clara Noyes, who told me about the plans for the "Memorial" and wished for more information about our school. It was such comfort, just before sailing, to hear that the nurses of America wanted to help us!

On January 3rd, 1921, it was my privilege to receive in Bordeaux, Miss Clara Noyes and Miss Helen Scott Hay. They brought the news that the "Nurses' Memorial Fund" was accomplished, and that the home of the Florence Nightingale School could now be built. They saw the old hospital, the cramped nurses' quarters and "Bagatelle" waiting for everything!

We could scarcely express our gratefulness towards all the nurses who have done their most to achieve this wonderful result, but we hope that Miss Clara Noyes understood what we could not find words to say.

Our greatest wish is that the Florence Nightingale School on which will be inscribed, "American Nurses' Memorial," shall be up to the mark and that nurses coming over to Bordeaux may be proud to have built it as a tribute to those of their members who died in service during the World War.

The graduates of this school will thus continue forever the good service in which the American nurses were engaged when they fell.

DEPARTMENT OF NURSING EDUCATION

A SYSTEM OF COMPUTING CREDITS

BY NELLIE G. BROWN

Instructor, Indiana University School of Nursing, Indianapolis

The need for standard methods of grading and recording is being keenly felt in training schools for nurses, owing to several factors.

First, the increase in educational standards makes the work of a training school comparable with that of other technical schools and colleges, and the working out of reciprocal arrangements between schools of this kind demands that consistent and uniform methods of grading, estimating and computing credits be used as a basis for such combination.

Next, state registration laws are compelling small schools to seek affiliation with larger schools, to provide students with the proper kind and amount of training in branches in which the small school is deficient. These schools need similar systems of grading and computing credits, in order that the school receiving students may have evidence of their preparation for advanced work, and that the home school shall be able to record the work done by the student during her absence, in terms common to both.

During the war, information about nursing education has been widely disseminated and one of the results seems to be a shifting of students from one school to another, some to secure broader training and some to obtain work in one particular branch of especial interest to the student. This again emphasizes the need of standard systems, that the past work of these may be evaluated and proper credit given.

In the Standard Curriculum issued by the National League of Nursing Education, several methods of recording theory in units of a definite number of credit hours are given (page 161), but credit points have received little attention as applied to nursing subjects.

The method here described has been in use in all departments of Indiana University during the past two years and is proving satisfactory, though it has not yet been adapted to all the practical work in the Training School for Nurses.

The system can best be described by dividing into three parts—A, Credit Hours; B, Grading; C, Credit Points.

A. *Credit Hours.*—The system of arranging courses in units of a stated number of clock hours, each, is not new. The number of hours necessary to compose a unit varies in different colleges, ranging usually from 15 to 20. The system described uses the 18 hour unit, 18 clock hours of lecture or class work comprising one unit, and 36

hours of supervised laboratory work also equalling one unit, or 18 hours of lecture.

Illustrations:

	Clock Hours		Credit Hours
	Class	Lab.	
Anatomy and Physiology—	72	36	5

72 hours of class and lecture work counting as 4 credit hours, and 36 hours laboratory work counting as 1 credit hour. Total, 5 credit hours.

	Clock Hours		Credit Hours
	Class	Lab.	
Bacteriology—	18	36	2

18 hours of class and lecture work give one credit hour and 36 hours laboratory work give one credit hour. Total, 2 credit hours.

B. *Grading.*—All written work, demonstrations, class recitations, laboratory work, and examinations are graded by the following scale:

A	96 to 100 Distinguished work only.				
B +	91 to 95	C +	81 to 85	D +	71 to 75
B	90	C	80 Average	D	70 Passing
Work					
B —	86 to 90	C —	76 to 80	D —	65 to 70 Conditioned

In grading, it should be borne in mind that work of C grade is average work. In a group of 24,—15 to 18 students will fall in the C group (C —, C, or C+), the remaining 6 to 9, making grades either above or below this.

If the majority of students make grades of B or over in any given subject, the instructor should carefully examine the material which is being graded to make sure that its content is not below the average ability of the group.

On the other hand, a group of grades in which C — and D's predominate demands inspection to determine whether the material was clearly presented or whether the questions were vague or ambiguously worded.

Certain groups of especially prepared students will give a higher percentage of C + and B — grades, while others will show a tendency to cluster about C — and D, but the prevalence of C work can be demonstrated in the average group.

That this view of grade values is not at the present time widespread, is shown by the surprise and consternation manifested by high school graduates at the scarcity of A's obtained by them when work of college grade is undertaken.

C. *The Credit Point System.*—This is the newest and least familiar part of the scheme being presented and at first glance seems unnecessary and cumbersome, but a trial displays its advantages better than a description can do.

Example 1.

A grade of "A" obtained in a 1 Credit Hour Course counts 3 Credit Points.

A grade of "B" obtained in a 1 Credit Hour Course counts*2 Credit Points.

A grade of "C" obtained in a 1 Credit Hour Course counts 1 Credit Point.

A grade of "D" (although passing) obtained in a 1 Credit Hour Course counts 0 Credit Point.

These points are doubled for a 2 credit hour course, and trebled for a 3 credit hour course, etc. Courses of less than 1 credit hour also affect the rank. A "B" made in a $\frac{1}{2}$ credit hour course would count 1 credit point. An "A" in the same course 1.5 credit points, and a "C" counts 0.5 credit points. *As many credit points must be made during a semester or term as there are credit hours taken, or the student cannot progress to the next semester's or term's work.* Failure in one or more subjects conditions the student in those subjects, even though credit points entitle the student to progression. This means that failure in single subjects must be atoned for by repetition of the course, by a second examination, or in such manner as the instructor shall see fit. Failure to obtain the proper number of credit points necessitates a repetition of the entire semester's work.

Example 2.

Miss A.

Subject	Credit Hours	Grade	Credit Points
Anatomy and Physiology	4	B	8
Bacteriology	2	C —	2
Principles of Nursing	3	D —	0
Elementary Materia Medica	1	C	1
Nursing Ethics	1	C	1
Bandaging	1	B —	2
Nursing Practice (Class room counted as laboratory work in other courses)	2	B	4
	—	—	—
	14		18

An examination of this example shows that Miss A. made D — in Principles of Nursing. This is not a passing grade in the subject but her credit points total 18, while 14 would enable her to progress.

Her failure in Principles of Nursing will have to be made up. Her percentage standing in the semester's work is indicated by 1.28571 (18/14 or 18 14 — 1.28571). These percentages may be carried out as far as necessary to make fine distinctions between the standings of members of a class.

Example 3.

<i>Miss B.</i>	Credit Hours	Grade	Credit Points
Subject			
Anatomy and Physiology	4	D	0
Bacteriology	2	C	2
Principles of Nursing	3	C —	3
Elementary Materia Medica	1	D	0
Nursing Ethics	1	C	1
Bandaging	1	B	2
Nursing Practice	2	B	4
	—	—	—
	14		12

This example shows that Miss B. made passing grades only in Anatomy and Physiology and in Materia Medica, C and C — in Bacteriology and Principles of Nursing. Her best work was done in Bandaging and Nursing Practice. While she actually failed in nothing, her grades in the courses comprising the greatest number of credit hours were so low that she fails by 2 to bring the number of credit points to the number of credit hours. Her percentage rank is less than 1, or 0.8571. Her only recourse is to repeat the entire work of the semester or leave the school.

The student whose work in practical subjects is better than in theoretical subjects has a better chance than with other systems, because she will probably do well in courses which have laboratory work included, and in the same manner the student who is good at abstract thinking and does less well with practical subjects, can raise her credit points by the work in such branches as Ethics, Sociology, the theoretical parts of Bacteriology, Anatomy, etc.

By calculating a percentage rank by dividing credit points by the credit hours, it is possible to make distinctions between the rank of members of a class, as no two seem to gain exactly the same percentage. By carrying the decimal into the tens or hundreds of thousands, fine distinctions may be made. An analysis of a few examples follows, to show the effect of the system on records of various types:

Example 4. Subject	Credit Hours	Grade	Credit Points
Anatomy and Physiology	4	D	0
Bacteriology	2	C	2
Principles of Nursing	3	A	9
Elementary Materia Medica	1	B	2
Nursing Ethics	1	C	1
Bandaging	1	C	1
Nursing Practice	2	C—	2
	—	—	—
	14		17

Percentage standing, 1.214208.

This shows the record made by a student of average ability. The grade made in Anatomy and Physiology is low and no credit points are obtained, but the "A" in Principles of Nursing more than compensates, and this student is ready for the next semester's work, having 17 credit points instead of the 14 necessary.

Example 5. Subject	Credit Hours	Grade	Credit Points
Anatomy and Physiology	4	D	0
Bacteriology	2	D	0
Principles of Nursing	3	C +	3
Elementary Materia Medica	1	C	1
Nursing Ethics	1	C	1
Bandaging	1	A	3
Nursing Practice	2	A	6
	—	—	—
	14		14

Percentage standing, 1.

Example 5 shows the effect of the system on the record of a student who is good in practical work and poor in theory. She has D in Anatomy and Physiology and D in Bacteriology. The course in Bacteriology has considerable laboratory work attached but the theory is difficult. In Principles of Nursing and Elementary Materia Medica and Nursing Ethics she was able to make C's. Bandaging and Nursing Practice, calling for manual skill, gave her two A's which enabled her to make the 14 credit points necessary for progression.

Example 6.

Subject	Credit Hours	Grade	Credit Points
Anatomy and Physiology	4	B	8
Bacteriology	2	D	0
Principles of Nursing	3	B +	6
Elementary Materia Medica	1	B —	2
Nursing Ethics	1	A	3
Bandaging	1	D	0
Nursing Practice	2	D	0
	14	—	19

Percentage standing, 1.35714.

Example 6 shows the effect of the system on the record of a student who is poor in practical work and good in theory. In Anatomy, Principles of Nursing, and Elementary Materia Medica, she obtained a rank of B. Nursing Ethics—largely abstract thinking—gave A, and Bacteriology, Bandaging, Nursing Practice, three D's. In spite of these she obtains 19 credit points as against 14 needed.

These examples and these analyses demonstrate the method of using the system and are put forth with the hope that they will prove as valuable to instructors and directors of other schools of nursing, as they are proving to the Indiana University School.

HOW WE BUILT OUR DIET CLASS ROOM

BY SARAH HYDE, R.N.

Superintendent of Nurses, Middlesex Hospital, Middletown, Conn.

In the basement of our nurses' home was a "fudge" kitchen, larger than necessary for that purpose, and opening out of our class room with double doors. Next to this kitchen was a lavatory, seldom used. In the kitchen was a good cupboard with three glassed-in compartments above, a broad shelf, and two cupboards and set of drawers below, and a good gas range.

We took down the partition between the two rooms, closed the door from the lavatory into the hall and turned the cupboard around against it. The toilet was removed and a good sized white enamel sink installed, the bowl for hand washing was left as it was.

A cabinet was built at a local mill at a cost of fifty dollars. This was 33 inches from the floor and had four drawers and compartments for utensils on each side, and two open spaces for small, three-armed, swinging towel racks. In the compartment is a small shelf, about 12

inches by 18 inches, about half way between the floor and the drawer above. The doors slide up under the drawers.

The local plumber secured two soapstone slabs $1\frac{1}{2}$ inches x 4 feet x 4 feet, for the top. These have proved quite satisfactory and were much cheaper than tile. The burners in the four gas stoves placed on top were turned so that alternate ones had outlets and control valves on opposite sides of the table, so that four students could work on each side. Outlets were also made in the gas pipe (which extends down each side of the stoves and is dropped from the ceiling) for outlets to which bunsen burners are connected, for use in teaching elementary science.

The total cost cost of this work, including painting this room and the class room adjoining, was just about \$300. Prices change, so that each school would have to get estimates from its local dealers.

SUGGESTIONS

(Extracts from a Letter Received from a Superintendent of Nurses
in a Small School)

Our Sunday teas have started off better than usual. This year I have taken a Sunday for each denomination represented in the school. We have invited the pastor of the local church and his wife, with representatives from various organizations in their respective churches, to meet the pupil nurses and members of the faculty who are affiliated with their church. Our next and last one is "Baptist Sunday." I think this has already stimulated some interest in the churches in our family, as some of the older graduates whom I had never known to attend a social function at any of the churches before, were invited to a social meeting of an organized women's class, last week, and they attended it.

We are trying to do a little in the way of stimulating young people to make more definite preparation for nursing. I have spoken in all the high schools, and in twelve eighth-grade schools in the county. The Hospital Aid Society furnished transportation to the county places. In most of the schools I demonstrated the use of the lung-motor first, to get their interest; and at the local high school, a pupil nurse in uniform worked with me, using the baby Chase doll for a subject. I dreaded this one, for I had boys and girls in general assembly, but they gave me their closest attention for twenty minutes. I met the girls who were especially interested, directly after the assembly."

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Department of Nursing, American Red Cross

After completing a four months' study of American Red Cross nursing activities in various countries of Europe, Clara D. Noyes, Director of the Department of Nursing, National Headquarters, American Red Cross, before sailing for this country made a special trip to Bordeaux, France, for the purpose of visiting the hospital in connection with which the Florence Nightingale School of Nursing has been established.

As chairman of the Joint Boards of Directors of the three national nursing associations, and representing the nurses of this country, Miss Noyes conferred with Dr. Anna Hamilton, Superintendent of the Hospital, and the Training School Committee upon the plan for the building and visited the plot of ground on which the school will be erected as the American Nurses' Memorial to their sister nurses who died in line of duty during the World War. She also made a general study of the situation in view of advising the school committee as to the best means of safeguarding the educational standards of the school, as interpreted by the American Nurses' Association.

When announcement of Miss Noyes' tour was made in August, it was hoped by Dr. Hamilton and the committee that the project might be far enough advanced for Miss Noyes, representing the nurses of America, to lay the corner stone of the building upon her arrival. However, this was not possible, as the contract had not yet been placed.

Prior to Miss Noyes' visit, Lyda W. Anderson, Assistant Chief Nurse of the Commission to Europe, made an inspection of the hospital and submitted a report so admirable in character and so full in description that we are venturing to quote such portions of it as might be helpful to the nurses of this country endeavoring to visualize the school:

I was interested in learning something of the history of this institution in connection with which American nurses are erecting a memorial in tribute to our nurses who died in service. The hospital has operated about 57 years and was built with the particular purpose of caring for all foreign officers and seafaring men and at the same time of meeting the hospital needs of residents of Bordeaux. They have given a cordial welcome as well as the best of medical and scientific attention at a very nominal fee, (at present 8 francs per day) to about 3,000 of these sailors from ten foreign countries, the largest number from Scandinavia. This tradition continues and I found two American sailors very comfortably cared for in the ward of the hospital.

In planning the hospital it was considered very important that a building be erected which would suggest as little as possible a hospital, because of the great prejudice against such institutions at that time; and hospital facilities and conveniences were, therefore, given little consideration, the result being a building (the one still in use) where there is a tremendous dissipation of time and energy in caring for the sick.

The hospital is supported by voluntary contributions and the small returns from pay patients. The rooms and wards are all attractive, the patients show the best of care, and every part of the hospital was in perfect order. Many of the rooms had been freshly decorated, this improvement paid for from the proceeds of a bazaar given by the nurses of the hospital.

In planning the hospital there was no consideration given the education of the nurses. The school, which now numbers twenty-six pupils, was organized eighteen years ago. Mlle. Anna Hamilton, a doctor of medicine, has been the superintendent of the hospital and directrice of nurses with the assistance of Mlle. Mignot, a graduate nurse "sous directrice," since the school was established. Dr. Hamilton recognized, as soon as she began her professional career, that a physician was seriously handicapped in effecting the recovery of his patients without scientific nursing care. She, therefore, concluded to devote her time to creating such nursing care. The result is a school in connection with the hospital, now named the "Florence Nightingale School," which compares well with the standard schools of America. The students are young women of education, several of them college women,—from the best families, and are called upon to meet the most rigid requirements of the standard schools of any country. They receive education and training in medical and surgical nursing, nursing care of infants and children and obstetrical nursing. The teaching is thorough and as advanced in practical experience as it is possible in a hospital of sixty beds. They learn practical housekeeping in a most thorough way, including cookery, elements of pharmacy, and details of the administration of small institutions. It is evident that every facility for the education of the nurses which this small hospital possesses has been taken advantage of.

The department of visiting nursing is conducted in a modern, systematic, advanced way, and occupies a most delightful and well planned building, erected by the American Red Cross. It includes infant welfare, school nursing, and general home visiting. The students of the school receive experience in this branch of nursing under the direction of graduate nurses.

This high grade nursing school has developed solely through Dr. Anna Hamilton's perseverance in neutralizing all prejudices and overcoming tremendous obstacles to realize her vision of the well educated, well born French woman as a thoroughly trained scientific nurse, assisting the physician in disease prevention and fulfilling every essential of the requirements as expressed by Florence Nightingale.

The American training school superintendent may have much difficulty upholding the best standards, but she has at all times a powerful nursing organization back of her and the best men of the medical profession supporting her. Dr. Hamilton has struggled alone and should now have the strongest coöperation of those who are interested in seeing nursing methods in France and on the European continent reformed and standardized.

The serious handicap in furthering the advancement of the school is the lack of a home for the students with necessary demonstration room for preliminary instruction and the laboratory facilities for practical teaching of the sciences,

as well as suitable living quarters to satisfy the needs of the type of student sought.

The Rockefeller Institute has given ten scholarships for pupils to receive general nursing education in the Florence Nightingale School, with part of the last year devoted to public health nursing instruction. These pupils are already selected, awaiting admission, but delayed because of want of room in the school.

Mlle. E. Bosc, an old resident of Bordeaux, learning of the high standard of work of the hospital and the reputation of the graduates of the school, made a gift to the institution before her death of her estate, "Bagatelle," an estate of sixteen acres, a good furnished home just outside of the city limits, to be used as a building site and grounds for a hospital and a school for nurses. It is believed that Bordeaux can well support a 200-bed hospital.

Dr. Hamilton desires the new school building begun at once, because of the immediate need for a home and because of the psychological effect it would have on the people, stimulating keener interest in the new hospital and contributions to the necessary fund.

The construction plans for the Florence Nightingale School as offered your committee will cost about 890,000 francs, approximately 100,000 francs more than the promised gift, calculating a good rate of exchange, but not taking into consideration any accrued interest on the fund. The possibility of reducing the proposed plan to bring the cost within the sum allotted was discussed with the architect. This could be done by omitting the end rooms on each wing. It would reduce the capacity twenty rooms as per present plan, but with readjustments, made as recommended by Miss Noyes and Miss Hay, (which makes possible the utilization of some additional rooms as bedrooms, now planned for other purposes) it is believed that a building could be constructed to meet the needs of the school for the next five years within the limit of the fund.

The building thus curtailed would be a finished building (and that I think should be understood), that is, it would not be "lop-sided" with the one whole wing left off but an equal portion of each wing would be omitted without (quoting the architect) "in any way deranging the architectural line." I mention the latter as an important point, feeling that the American nurses wish their memorial to be a finished building complete in itself. If additional rooms need to be added in the future when the hospital has grown to a 200-bed capacity, this can always be done without in the least disturbing the architecture of the building as at present planned.

The fund of \$50,000 has already been slightly oversubscribed. Should there be funds remaining from the actual expenditure for the building, these will probably be used for additional equipment. Dr. Hamilton has expressed herself as confident that a building can be constructed to meet the needs of the school for the next five years, within the \$50,000 limit.

Over the entrances of the building, in front and back, will appear the inscription "American Nurses' Memorial." In the large central hall, a bronze tablet will be hung upon which a more detailed general statement describing the gift will be given. Another tablet of bronze will also be placed in the library, stating that it is a memorial to Amabel Scharf Roberts, contributed by the Alumnae Association of the Presbyterian Hospital Training School for Nurses, New York City.

Commenting upon the impressions of her visit to the site, "Bagatelle," for the school Miss Noyes says:

The plot of ground which contains sixteen acres, is most admirably situated. There are beautiful gardens including forty fruit trees and an old French manor house, in which there are some delightful specimens of old furniture. This lends a very inspiring background.

The final plan of the building includes all the features of an up-to-date modern school. Single bedrooms, each with running water; ample baths; a large assembly hall; library, fiction and technical; lecture hall; demonstration room; and cooking school are some of the facilities it offers. Instead of nurses' rooms being numbered, they will naively bear the names of flowers.

At a tea given for Miss Noyes at which the trustees of the hospital were present, a delightful note of sociability was struck when the nurses sang some French national airs and a selection from the opera "Orpheus." This was a charming fete for the guests, for there were many beautiful rich voices in the group.

The finished work done by the nurses in the present school and hospital, the cleanliness of the lavatories and kitchens; and a general air of refinement was found everywhere. The dining room, living rooms and bedrooms of the nurses are particularly attractive and bespeak a deep cultural influence.

The standard of nursing prevailing in the Nightingale School compares favorably with the best schools in America. American nurses will be surprised to learn that the pupil nurses pay a fee amounting to between \$12 and \$14 a month. This would seem impossible even in a country where nursing has made such rapid progress as in America.

No finer memorial could have been erected to the nurses who died in service than a modern school building to which the Nightingale School, already so well established, may be transplanted to carry on to future generations of the young women of France, the ideals and standards of American nurses.

IMPORTANT NOTICE

The American Red Cross is receiving a large number of applications from nurses for work overseas with the Child Welfare Units. While it is true that doctors and social workers are being enrolled in anticipation of the needs of those countries, there are at present an ample number of nurses in Europe to meet the present needs.

When nurses are required for this service, the Department of Nursing will work through its Division offices in securing the number needed. With the great demand for public health and other nurses in this country, we urge the nurses to apply for inclusion in the group of social service workers, even though they may have had some experience in medical social service work in this country. It is felt that as only a small number of social workers may be sent abroad, they should be those who have had the best social training.

FOREIGN DEPARTMENT

L. L. DOCK, R.N., DEPARTMENT EDITOR

PROGRESS IN FRANCE

An interesting article describing French nursing has been sent to us, written by Mlle. Matter, one of the French nurses who spent a good part of last winter visiting American hospitals and attending classes at Teachers College. Mlle. Matter and her friend, Mlle. Durleman, both of whom are graduates of Bordeaux, are now in Lille where they are building up a new school of nursing on modern lines. All their American friends will follow this pioneer effort with great interest and will want to help these two courageous women in every way they can. We have omitted the earlier historical facts which are now quite well known, and quote the present day conditions as being more new to our pages. One very remarkable fact Mlle. Matter mentions is this:

The city hospital nurses, both men and women, are grouped in a trade union, affiliated with the *Confederation Generale du Travail* and have a very revolutionary program, one of its items being the suppression of all medical and nursing schools, and the establishment of one school where any man or woman could enter as pupil nurse no matter what education he or she has received, and after a few years' work, would come out automatically as doctor. The education of the public as to the respective duties of nurse and doctor, has still to be made in France, not only among the mass, but also among the medical corps. In one hospital we know, the doctors organized a course of lectures for the nurses. As the Sisters were forbidden by their rules to attend, the ward maids were invited and given a certificate of nursing, even some of them who could neither read nor write.

Mlle. Matter says that six schools, giving a two years' training and requiring a high educational and moral standard, were opened between 1901 and 1910, and no new school has been established since.

With the first four of these we are familiar; they are the Nightingale School in Bordeaux, directed by Dr. Hamilton; that at the Tondou, developed by Miss Elston (now somewhat retrograded since she is no longer there), and the small private schools in Paris formed by Mme. Alphen-Salvador and Mlle. Chaptal. The brief description of each makes clear that the only one which is model is the Nightingale School. The other two are:

"L'Hôpital-Ecole Heine-Fould," founded in 1905, gives a six months' and a two years' course and is under the direction of Catholic sisters. The course is identical with that in the two latter schools.

"Les Amies des Malades," at Courbevoie, near Paris, was founded in 1909. It is a small school accommodating about 12 pupils in connection with a Lutheran hospital of 40 beds. Until recently it was under the direction of a deaconess.

Since the war, the training has been sadly neglected and the number of probationers decreasing. Part of the practical training is given in the hospital, part of it in the city hospital. The course is two years and the nurses work for two years more under the school authorities.

Another school is to be mentioned, though it does not come up to the same standard: "L'Ecole des Infirmières de l'Assistance publique," at la Salpêtrière, Paris, founded in 1910. It is under city management, has a satisfactory curriculum, and a two years' course. The buildings are spacious and material conditions comfortable, but the social, educational and moral standards of the pupils are very low. The instruction required is equivalent to the primary schools program. Special conditions are granted to encourage the ward maids actually working in hospitals to enter the school.

A certain number of other organizations give a short training of 2 to 6 months for visiting nurses, health visitors, children welfare, anti-tuberculosis or public health workers, but these courses do not come under the name "training for nurses," though such confusion is very frequent and very harmful to the nursing profession.

During the war the nursing situation was a terrible problem. In August, 1914, there were no more than 200 or 300 trained nurses in France, the majority of those not able to leave their work. The Red Cross nurses were immediately called and sent to the ambulances and base hospitals, but as the need increased the Red Cross soon enrolled all the women who were willing to work and sent them out, very often to fill responsible positions.

In 1916 the Ministry of War called a corps of "Temporary Military Nurses," but the recruiting was in the hands of men officials. The moral and educational standards were so low as to be positively non-existent and this corps became such that few respectable women cared to enter it.

Even with these low standards the number of nurses was far from reaching the need. In some of the hospitals we personally knew, the usual proportions were as follows: 1 nurse to 100 beds; 2 nurses to 125 beds; 2 nurses to 300 beds; 4 nurses to 600 beds; 12 nurses to 1,800 beds.

It is needless to say that under such circumstances, no real nursing could be undertaken. The most urgent needs of the patients only could be complied with, the rest being left in the hands of rough and untrained orderlies. And hundreds of our boys, who might have been saved by skillful and ceaseless care, paid with the loss of their lives for our lack of nursing system.

Since the war, the field of nursing has been enlarged by the rapid development of social service, infant and children welfare work, public health work, etc., but nothing has been done to provide a greater number of trained nurses and we consider it a great danger to the profession that no new schools have been opened since 1920 and none of the existing schools has increased the number of its pupils, while the call for nurses has become such that the practical, untrained, or amateur nurse seems to be a necessary evil. The urgent need of the present day is for more and better schools of nursing.

A new school is being planned for Lille, the great industrial town of the north. In spite of its being a University town, nothing has been done for nursing and the hospitals themselves are sadly lacking in number, space, equipment and nurses, a few untrained Catholic Sisters and ward maids being the only staff.

The fact that the population has sadly suffered from the German occupation and that the health of the people is in peril, that its industrial activity is quickly

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making it a center of reconstruction, that the professors in the medical school are greatly interested in the future school and ready to help, makes it a strategic point where good work will count for much. If funds may be secured in sufficient amount, the plans mention a 200 beds hospital with school of nurses for 50 students, the nursing and teaching staff being graduates from the Florence Nightingale School.

Let us hope that these two plans, and many others, may be realized and that after a few years of stiff fighting and strenuous work the French nurses may come up to the standard of their American sisters.

We sincerely wish these two "Nightingales" success and hope to hear more from them about their big undertaking.

Aagot Larsen, supervisor and teacher in the City Hospital, Kirshania, Norway, who has been studying nursing methods and hospital ways in this country, sends the following letter for her good-bye. All those who knew Miss Larsen are sorry to have her go,—she is a most charming woman of very high type:

To-morrow I shall say good-bye to this country. Looking back on my ten months of study here, I feel very keenly indeed how great is my indebtedness to the American Nursing Profession. By every one, by those in authority as well as by those in the rank and file, I have been met with such helpfulness and such kindness as to make me forever your debtor. Please allow me through these lines to extend to all of you the assurance of my profound gratitude.

TOO LATE FOR CLASSIFICATION

South Carolina.—THE SOUTH CAROLINA STATE NURSES' ASSOCIATION will hold its annual meeting in Columbia, April 27, 28 and 29.

HER FIRST CALL

My first call after taking up visiting nursing in ———. A policeman said that I was needed around on one of the back streets. It was a hot evening, the Fourth of July. A man was suffering from heat exhaustion, and the policeman had found a place for him in one of the houses. The man of the house and his young son were the only ones at home. I asked the man to build a fire, telling him hot water would be needed and that I would have to give the patient a bath. I became aware that I had frightened him, for I soon heard him, in the adjoining room, telling his boy in a very excited manner, to go and tell his sister to come right away, "for I can't wait on this woman." It was sufficient for me to decide that this was the time for me to give a lesson, and that the man should know how to give a bath. The bath was given, and the man stood on the opposite side of the patient and waited on me; I am sure he found a bath was not such a dreadful thing.

J. E. L.

DEPARTMENT OF PUBLIC HEALTH NURSING

CONDUCTED BY THE NATIONAL ORGANIZATION FOR PUBLIC
HEALTH NURSING

THE NATIONAL HEALTH COUNCIL

A conference of a number of the leading national voluntary health agencies was held in Washington on December 10, 1920, at which meeting constitution and by-laws were adopted. The membership of the Council is at present: Chairman, Dr. Livingston Farrand; vice-chairman, Dr. Lee K. Frankel; recording secretary, Dr. C. St. Clair Drake. The election of a treasurer was deferred until further consideration could be given to the whole question of financing the project.

The Council was the outgrowth of many efforts in past years to coördinate national voluntary health organizations, initiated by the American Public Health Association, the American Medical Association, and other agencies. These measures culminated in a special health coördination study carried out during the summer of 1920, under the direction of Dr. Charles J. Hatfield, Dr. Watson Rankin, and Dr. Livingston Farrand, with the financial aid of the American Red Cross. This investigation was conducted by Dr. D. B. Armstrong.

At a preliminary conference in Washington, at the call of Dr. Farrand, on October 18, 1920, the need for such a coördinating body was fully discussed, and a temporary organization was perfected, Dr. Farrand acting as temporary chairman, and Dr. Armstrong as temporary secretary.

The organization conference on December 10 approved of the following list of activities, as indicating the legitimate field in which the Council might function: (1) a special information bureau; (2) a legislative bureau; (3) the coördination of health activities; (4) periodic joint conferences; (5) a statistical bureau; (6) the development of educational health material.

It is anticipated that financial resources, from the Red Cross and from other participants, will be sufficient to enable the Council to establish an office and staff, and to undertake first those activities promising the greatest benefit to member organizations.

In accordance with the by-laws adopted by the Council, each member organization has appointed one representative and one alternate. The original members, with corresponding representatives and alternates, are as follows:

American Public Health Association—Representative, Dr. Lee K. Frankel; alternate, Dr. M. P. Ravenel.

American Red Cross—Representative, Dr. Livingston Farrand; alternate, Dr. E. A. Peterson.

American Social Hygiene Association—Representative, Dr. William F. Snow; alternate, Bascom Johnson.

Council of State and Provincial Health Authorities—Representative, Dr. C. St. Clair Drake; alternate, Dr. E. R. Kelley.

Council on Health and Public Instruction of the American Medical Association—Representative, Dr. Watson Rankin; alternate, Dr. Frederick R. Green.

National Child Health Council—Representative, Dr. Philip Van Ingen; alternate, Courtenay Dinwiddie.

National Committee for Mental Hygiene—Representative, Dr. Thos. W. Salmon; alternate, Dr. George H. Kirby.

National Organization for Public Health Nursing—Representative, Edna L. Foley; alternate, Mary S. Gardner.

National Tuberculosis Association—Representative, Dr. Charles J. Hatfield; alternate, Dr. J. Alexander Miller.

The by-laws provided that "other national health organizations may hereafter be elected to membership by two-thirds vote of the members." Provision is also made for advisory or conferring, as well as directly participating members. The International Health Board, together with official agencies such as the U. S. Public Health Service, will probably be associated with the Council in this capacity.

Many important matters before the Council, given partial consideration at the last conference, such as office, staff, budget, resources, etc., were referred to a sub-committee made up as follows: Dr. William F. Snow, chairman; Dr. C. St. Clair Drake, Dr. Charles J. Hatfield, Dr. Lee K. Frankel, with the Council Chairman, Dr. Livingston Farrand.

The Public Health Council, representing as it does many prominent national health agencies, should serve as a valuable clearing-house and coordinating center, in many fields where common functions are performed. It aims to be an integrating force among independent, autonomous agencies, rather than a merger of such agencies into one organization. It should increase the economy and effectiveness of operation, should eliminate duplication of effort, and should enhance opportunities for sympathetic and constructive public service. Such a movement, through its membership and through a mutually helpful relationship with State and local voluntary health agencies, should effectively serve the declared object of the National Health

Council, which is, "the betterment of health work in the United States."

INSTRUCTION IN NUTRITION FOR PUBLIC HEALTH NURSES

It is encouraging to note that Public Health Nurses are asking and getting instruction in nutrition. At a meeting of the New York Federation of Public Health Nurses, at 130 East Twenty-second Street, New York City, on January 28, arrangements were made for a course of lectures on The Feeding of the Family. This plan will be followed, no doubt, by many other groups of public health nurses throughout the country.

The subject of nutrition will figure largely in the Institutes for Public Health Nurses to be held during the coming summer.

It is evident to even the careless thinker, that there are not enough trained dietitians to do all of this specialized work. The nurses who go into homes daily must be prepared to advise the family concerning calories, vitamins, and many of the other things that food specialists know so well. The determination to learn these lessons and to apply them, with a liberal addition of common sense, in the daily work, is a sound beginning. The next step is better coöperation and understanding with the trained nutrition worker. She should have a place on more nurses' programs and should be oftener asked to write for the nursing journals.

SUMMER INSTITUTES

Inquiries concerning institutes for public health nurses to be held during the summer of 1921 are already coming into the office of the National Organization for Public Health Nursing. The experience of those who conducted institutes last year proved that plans for summer conferences of this sort should be made early in the year. It has been suggested that, in view of the great demand and apparent need for such institutes, it will be better if the responsibility for them is carried by nurses in each state or at least in groups of states making it easier and cheaper for nurses to attend.

The *Public Health Nurse* will publish, during the spring and early summer, reports of institutes held in various places last year as a guide to those who are undertaking them for the first time.

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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR
Samaritan Hospital, Troy, N. Y.

The following article is printed in this department with the hope that it will bring forth a general discussion on the feasibility of such a plan in cities where there are universities and medical schools.

Some of the difficulties which exist and which must be overcome are:
(1) Lack of cooperation between individual schools and hospitals; (2) Prejudice of the medical profession against university affiliations for the student nurse; (3) Limited financial resources of the schools of nursing; (4) Lack of stability of clinical material in hospitals which maintain schools of nursing.

Full discussion on this subject is invited.

CENTRAL SCHOOLS OF NURSING OR INDIVIDUAL TRAINING SCHOOLS

BY ELIZABETH SELDEN, R.N., B.S.
San Francisco, Calif.

The medical and nursing professions together with the public at large are cognizant of the fact that the student nurse in many of our training schools receives at best only a meager educational preparation for her life's work. The deficiency in her training and education is due to a number of factors, some of which are: the lack of instructors; poorly prepared instructors and teachers; lack of knowledge of the needs of the student on the part of the superintendent of nurses or superintendent of the hospital or both; inadequate equipment for library and classroom; lack of human clinical material; insufficient number and variety of patients for proper study; the hours set aside for rest and recreation being used for class purposes; and evening classes at which time the student is far too tired after the day's work to derive even small benefit from the best prepared class or lecture. Also, the applicants who enter are poorly prepared in most instances in the academic subjects.

At the time of the examinations for the state registration of nurses it was found by those holding the examinations in the practical nursing subjects that a very great many different methods were being taught; in fact almost as many as there were schools represented and that methods varied even within schools. These methods were excellent in some cases, fairly good in others, and poor where training was lacking. In the majority of cases it was a combination of both good and bad technique.

It has been true in the past that students graduated from high school upon entering a school of nursing are found to be deficient in

many of the subjects required by any State Board of Registration; for example, chemistry, both organic and inorganic; elementary biology; physics; bacteriology; hygiene; dietetics and cooking; the very A. B. C.'s of nursing. As soon as the probationer enters the school the hospital is compelled to give a course in these subjects before the regular nursing work can begin, thus neglecting and shortening other courses of study.

A large per cent of the high school graduates are very immature in their development. Psychology teaches us that certain latent instincts and emotions appear during adolescence and that the age at which they become present varies with the individual. All such emotions and instincts should be well developed and under perfect control before any young woman assumes the responsibility of caring for the sick in hospitals. The pupil nurse of seventeen or eighteen years of age is too young to deal with the serious problems of hospital life. The slightest deviation from the normal or usual routine so upsets her that she is more of a hinderance than a help; in other words, she lacks stability.

It is a well recognized fact that the young woman of to-day is impatient to begin what she considers her life's work. She will not remain quietly at home until she reaches the proper age at which to enter a hospital. Her parents cannot meet college expenses, and so she drifts into other lines of work and is lost to the training school and hospital.

Now I believe that a panacea for the evils can be found in the establishment of central schools of nursing, and that many of our professional problems will be solved here also. You ask how this can be accomplished. Just as the medical profession has scattered throughout the country schools of medicine, which are connected with colleges and universities, so can the nursing profession have its schools of nursing, which are connected with colleges and universities. Just as the graduates from the medical schools serve an internship in hospitals, so can some arrangement of this sort be made for graduates from these schools of nursing.

A scheme of this sort might be worked out in any large city, such as New York, San Francisco, or Chicago, where direct connection can be made with colleges and universities. The applicant, a high school graduate, would enter, not as a probationer in the hospital, but as a student in the school of nursing, which is a department of the college or university. She would reside in the home provided by the central school of nursing for these students. She would remain here as a student for one or more years as required by the college. All theoretical class work would be given during this period by the college and

at the college,—the nurse visiting the various affiliated hospitals where under supervision and guidance she would study the concrete examples of the subject matter given her in the lecture and class room.

The practical nursing methods would also be taught during this period at the college in specially equipped laboratories. After perfection had been attained and skill acquired by the student through supervised practice, the practical application would also be made at one of the affiliated hospitals, but under the supervision of an instructor from the college. The hours for such visits would be arranged to suit the convenience of the hospital. At the completion of the course the student would enter one of the affiliated hospitals as a pupil nurse.

In general the affiliated hospitals would turn over their nursing work to the central school of nursing. The hospitals would requisition the central school for a certain number of pupil nurses, a sufficient number to meet the requirements of the college as to number of patients per pupil nurse. These students would then be placed by the central school of nursing in the homes provided by the hospitals for the purpose, and thus become pupil nurses in the hospitals. The central school would still maintain a certain amount of supervision over them. The practical instructors would spend part time at each hospital supervising the work of the pupil nurses.

All records of students and pupil nurses would be filed at the central school of nursing, as property of the college. The various services of the pupil nurses should be recorded not only as to length of time spent in the department, but also as to number and type of cases nursed while on that service. A record should read something like this:

Medical Service or Medical Nursing

<i>Case</i>	<i>Type</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
Typhoid		10	10	20
Pneumonia	Bronchial	5	10	15
	Lobar	10	4	14
Heart	Endocarditis	16	4	20
	Myocarditis	8	8	16
	Valvular	0	0	0

Suggestions for a plan for such a central school of nursing:

- I. The establishment of a school of nursing as a department of a college or university.
- II. Affiliation of the hospitals around the center with the school of nursing.
- III. Hospitals affiliated to turn over all nursing work to the school of nursing.
- IV. Hospitals to employ nurses from school.
- V. Applicants to enter as college students residing at the school of nursing home.

- VI. Nursing school to have complete charge of the home.
- VII. The superintendent of nurses or director of nurses for each hospital to be chosen by the college and hospital, but salary paid by hospital. She will be a member of the school of nursing and rank as a professor.
- VIII. House mother in each home.
- IX. Eight hour system.
- X. School of nursing faculty to consist of dean of school of nursing, professors, instructors and practical instructors.
- XI. Laboratories for all departments.
- XII. Special laboratories for practical class work.
- XIII. A sufficient number of practical instructors who will spend part time in each of the institutions supervising the work of the pupil nurses.
- XIV. Student government in college, nursing school, homes and hospitals.
- XV. The course to cover all subjects, including training school and hospital administration.
- XVI. A sufficient number of stenographers to allow for one or more circulating stenographers who will spend a certain amount of time at each hospital collecting and typewriting the pupil nurses' records. These she will bring to the college.
- XVII. The expenses of maintaining the school of nursing will be shared by college and affiliated hospitals. The student will be charged a small entrance fee.

Now it does seem to me that such a plan as the one suggested above would be practicable and be of mutual benefit to all concerned. It would make for a more uniform training in both theoretical and practical nursing subjects, and also better and more thorough training. It would raise the standards and ideals of nursing, and attract the right sort of young women. It would be an economical saving of human energy and at the same time eliminate duplication of teaching equipment. It would make for a uniform system of nurses' records, and all students would derive benefit from all teaching and clinical material. All educational deficiency would be made up while at college and pupil nurses would be more mature than heretofore.

A CORRECTION

The writer of the Letter to the Editor, December JOURNAL, page 182, wishes to correct her statement that the pay of a dietitian in Navy service is \$125 a month. This should read,—\$110 a month.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

A PUBLICITY CAMPAIGN

Dear Editor: Our hospital, in common with others, has suffered through a reduction in the number of desirable applicants for its school of nursing. When I came here it was evident that something must be done to interest and attract young women, and I at once began to work toward a publicity campaign. My first move was to talk informally with several members of the Women's Board and with two members of the attending staff, one of whom is also a trustee. After I had gained their support I obtained permission to address a Board meeting, and in this talk I outlined my plan and urged the coöperation of every member. My plans were endorsed, and a publicity committee was appointed to work with me. Immediately following this, I called the student nurses together and told them what was proposed, and within a few days addressed the Alumnae Association upon the same subject. One week of intensive publicity was arranged, and during this week the film, "Following in Florence Nightingale's Footsteps," was shown for four days at one moving picture theater in the city, at a lecture given in connection with the Library Course of Lectures, at a morning assembly of the New Bedford High School and, beginning on the same day, at another theater for two days. It was shown during the following week at a private school in Marion, and the general public was invited to see it. One of the trustees, who was particularly well informed upon the subject, made a brief address at the first presentation of the film, and also spoke at the Library Lecture. I spoke at the high school when it was shown there and addressed two other high schools and one private school during the week. Immediately following the film, we had thrown on the screen, each time, 1st, a picture of the student nurses; 2d, a picture of the 1920 graduating class; 3d, an announcement that information regarding training schools could be obtained at the hospital. On Sunday of this same week a local paper printed a picture of the student nurses, with an article on the opportunities for young women in the nursing profession. During the entire week a morning and an evening paper published articles by nurses in the different branches of Public Health work, in the Red Cross Nursing Service, in institutional work, by a student nurse, a private duty nurse, and by a nurse who had been with the Grenfell Mission, telling what the work means to them, and by a nurse who is now married, who showed the value of the profession to the home maker and mother. Each of these articles was signed, and all were run under the caption, "A Challenge to Young Women." Addresses were given at a ministerial conference, the Women's Alliance of the Unitarian Church, a joint meeting of all the Girl Scouts, a joint meeting of the Girls' Friendly Societies, the Industrial Nurses' Association, and at a meeting of the New Bedford Chapter of the Red Cross. Following each talk an opportunity has been given for those who wished additional information to ask questions. The points brought out during each talk were that the demands of modern medical and sanitary science have created a greater need for nurses; and that the rapid expansion of the newer branches of the profession has resulted in a shortage of graduates; that the American Red Cross and the American Nurses' Association have instituted a campaign for the purpose of informing the public of the need for nurses and of the splendid opportunities for young women of education

and refinement in the various nursing fields; that the courses in the better schools are educational and full of interest, and that the living conditions in this type of school are good. I have urged prospective applicants to be sure that the school to which they apply will qualify them for registration, and have told how to ascertain the standing of the different schools. I have avoided making the issue a local one, and as a considerable number of those who have come for further information have asked about schools in New York, in Boston, and even in Washington, D. C., it would seem that a number of other schools would benefit. I have, however, stated that our school qualifies its graduates for registration in this State and in New York. We hope to keep up our publicity indefinitely, and in the near future expect that our senior class will give a tea for the senior girls of the high school, in order that they may see something of the nurses' home and of the happy atmosphere in which the nurses live. While it is too early to know what the result will be, there is evidence of a good deal of interest. One very gratifying thing is that the high school principals are referring young women to our school, and a good many people who have had little consciousness of the nursing profession have been made to realize its advantages.

New Bedford, Mass.

MARION E. SEAVER,

*Superintendent of Nurses,
St. Luke's Training School.*

JOURNALS ON HAND OR WANTED

I.

Dear Editor: Through the kindness of Miss Wiggins of Massachusetts, we have a complete set of the AMERICAN JOURNAL OF NURSING except numbers 1 and 2 of Volume I. Could you aid us in securing these?

Nebraska Methodist Episcopal Hospital, Omaha

LULA HOLLAR,
Instructress.

II.

Dear Editor: I would like to sell the following old issues of the JOURNAL at half the present rate: January, 1914, through December, 1920, with the exception of January and February, 1915.

21 Cooley Place, Mt. Vernon, N. Y.

FLORENCE MACDONALD.

III.

Dear Editor: I have the following numbers of the JOURNAL which I will send to anyone who will pay the cost of transportation: 1908, except January and October; 1914, except January and February; 1915, except January, February, November; 1916, except July, November, December; 1917, except January, March; 1918 and 1919, intact; 1920, except August.

212 Park Place, Brooklyn, N. Y.

LAURA B. CANTRELL.

IV.

Dear Editor: I am breaking up my home and have the following on hand to dispose of: a complete set of League reports, lacking one volume,—1906-1920; Volumes 9, 10, 13 of the JOURNAL, bound in cloth; copies of the JOURNAL, unbound, May, 1915—September, 1917.

West Alexander, Pa.

LAURA A. BEECROFT.

NURSING NEWS AND ANNOUNCEMENTS

News items must be received at the JOURNAL office before the 15th of the month in order to ensure publication in the JOURNAL of the following month.

THE NATIONAL LEAGUE OF NURSING EDUCATION will hold its twenty-seventh annual meeting in Kansas City, Mo., April 11-14, 1921.

Headquarters.—The convention headquarters will be at the Hotel Muehlebach. Eleanor Hamiltan, Research Hospital, Kansas City, is Chairman of the Committee on Arrangements. Reservations for hotel accommodations should be made through the committee by April 1st, as it has tentatively engaged 300 rooms and cannot be responsible for reservations after that date.

Transportation.—An effort is being made by Miss Albaugh, 156 Fifth Avenue, New York, to arrange for transportation at reduced rates. In order to accomplish this, she should know by March 10, the approximate number who will attend. All who plan to attend the convention are urged to write at once to Miss Albaugh.

Outline of Programme.—On Monday, April 11, at 10:00 A. M., there will be an Executive Board meeting; from 2:00 to 4:00 P. M. an Advisory Council meeting, and from 4:00 to 5:30 P. M. special Committee meetings, as called by each chairman. The formal convention will open at 8:00 P. M., at which time the address of welcome and the president's address and response will be given. The address of the evening will be on the subject, "Training for Leadership."

The hours of 8:00 to 9:00 A. M., each day of the convention, will be devoted to Round Tables. On Tuesday the subject will be Membership Obligations and Responsibilities. On Wednesday the subject will be Problems Relating to the Social Life of the Training School; Personnel,—including executives, teaching staff, students and sub-departments; Work of Social Directors. Chairman, Grace E. Allison, Lakeside Hospital, Cleveland, Ohio. On Thursday the topic will be Problems Relating to the Health of the Students; chairman, Susan Watson, Barnes Hospital, St. Louis, Mo.

There will be registration of members on Tuesday and Wednesday, April 12 and 13, from 8:00 to 10:00 A. M.

The morning and afternoon sessions on Tuesday will be devoted to business, presentation of reports, and discussion of reports. The evening session on Tuesday, at eight o'clock, will be devoted to the subject: Main Issues of the Year in the Field of Nursing, Louise M. Powell, of the University of Minnesota, presiding. This subject will be presented under the following headings: 1, Hospital Supervision; 2, Training School Supervision; 3, Teaching Departments; 4, Hospital Management from Point of View of Board of Managers; 5, Public Health Nursing; 6, The New Interest in Nursing Education in Some Other Countries, Clara D. Noyes, Director of American Red Cross.

Wednesday morning,—Programme to be announced later. Wednesday afternoon, until three o'clock, will be devoted to Round Tables. Subjects: Teacher Shortage.—Causes and Remedies; Frequent Changes in Heads of Training Schools,—Causes and Remedies. The remainder of the day and evening will be devoted to social affairs; automobile ride for guests and delegates at 3:00 P. M. and banquet at 8:00 P. M.

The subject of the Thursday session will be Training School Development from the Standpoint of the Instructor, Blanche Pfefferkorn, chairman; programme to be arranged by chairman. The Thursday afternoon session will be devoted to

the subject, Training School Development from the Standpoint of the Principal, chairman, Sara E. Parsons; program to be arranged by chairman. The Thursday evening meeting will be a closed meeting, Anna C. Jammé presiding, and will be devoted to unfinished business, special committee reports, discussions of policies and plans for the coming year, and report of tellers.

On Friday morning at nine o'clock there will be a session on Legislation and Inspection of Schools of Nursing, conducted by Roberta M. West; programme to be arranged by the Chairman. The legislative section includes members of Boards of Examiners, and Inspecting Nurses, and it is hoped that all interested persons will remain over to attend this meeting.

Round Tables.—Round Tables other than those announced in the programme will be arranged on request and posted on the bulletin board, if sufficient time is given to make the necessary arrangements; and Conferences to discuss special problems not covered in the regular programme will be arranged upon request. Applications for these Round Tables and Conferences should be made to the programme monitors, Elizabeth C. Burgess, Helen Wood, and S. Lillian Clayton.

THE AMERICAN NURSES' ASSOCIATION

The Directors of the American Nurses' Association met at Central Headquarters, 156 Fifth Avenue, New York, January 19 and 20. Reports of officers and committees were given. The Nevada State Association was received as a member. May S. Loomis of Seattle was made chairman of the Arrangements Committee for the 1922 convention. Mary C. Wheeler and Bena M. Henderson were appointed delegates to the American Conference on Hospital Service. Susan C. Francis, Sarah E. Sly and Jane Van de Vrede were appointed representatives of the Association on the Central Headquarters Committee. Two recommendations made by the Revision Committee were endorsed: First, that alumnae associations be asked each year to furnish lists of the names and addresses of their members in triplicate, one copy to be kept by the district, one by the state, and one by the national. Second, that it be recommended to the state associations that at the next convention, dues to the American Nurses' Association be raised from 15 cents to 50 cents per capita. The directors also decided to ask for an amendment to the by-laws which will permit membership on the Advisory Council of the superintendents of the Army Nurse Corps, the Navy Nurse Corps, and the U. S. Public Health Nursing Service.

The Joint Boards of Directors of the three national nursing organizations held three joint meetings on January 19 and 20. There was discussion of the advisability of moving the offices of central headquarters to a building where other national organizations with kindred interests would be located. The Committee on Central Headquarters was authorized to take further action in this matter. The plan is as yet incomplete. Plans for safeguarding the Memorial Fund were discussed, so that the Nightingale School may be kept for the training of nurses of the highest type. Miss Noyes showed plans of the new memorial building and told of her visit to Bordeaux. It was decided to continue the work of the Committee on Recruiting of Student Nurses. It was decided not to appoint an interstate secretary at the present time, as the funds pledged were not sufficient. Those having made pledges will be asked to hold the money until further plans for the work can be matured.

The Relief Fund Committee approved ten applications and voted to continue giving aid to eight others. It was recommended by the committee and approved by the directors that state associations be asked to set aside one day a year on

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which each member may give one day's earnings to the Relief Fund. Linda Richards' birthday was suggested,—July 27th.

The Robb Memorial Fund Committee decided to offer, this year, six scholarships of \$250 each, and to give them to applicants who are preparing for administrative or teaching work in institutions. The closing date for receiving applications is June 1st. The officers of the committee were re-elected: chairman, Elsie M. Lawley; secretary Katharine DeWitt; treasurer, Mary M. Riddle.

NURSES' RELIEF FUND, REPORT FOR JANUARY, 1921

Receipts

Previously acknowledged -----	\$9,379.99
Interest -----	160.25
Alabama: State Nurses' Association -----	10.00
Arizona: State Nurses' Association -----	19.00
California: Alameda County, \$14; San Francisco County, \$62.50; Humboldt County, \$11; San Diego County, \$2; Los Angeles County, \$12; Santa Barbara County, \$1; Santa Cruz County, \$5 -----	107.50
Connecticut: State Nurses' Association, \$18; L. H. Cadwell, Newington, \$2 -----	20.00
Illinois: Chicago—Illinois Training School Al. Assn., \$50; First District, \$24; Emma G. Reimer, \$1 -----	75.00
Indiana: Huntington County Hospital Al. Assn., \$3; Mrs. Amelia Williams, Lebanon, \$5; Hope Hospital Al. Assn., \$1; Lutheran Hospital Al. Assn., Ft. Wayne, \$3; St. Mary's Hospital Al. Assn., Evansville, \$24 -----	36.00
Iowa: District No. 4, \$4; District No. 5, \$25; District No. 10, \$42 -----	71.00
Kentucky: State Nurses' Assn., \$25; Jefferson County Graduate Nurses' Club, Louisville, \$100; Ida Beckman, Iva Byrne, Hattie Dodge, Margeary Cameron, C. Shoemaker, Mrs. L. Parsons, Gertrude Bettull, \$1 each -----	132.00
Maine: Maine General Hospital Al. Assn., Portland -----	25.00
Massachusetts: Amanda Honert, East Norfolk -----	5.00
Michigan: State Nurses' Association -----	11.00
Minnesota: Mabel Thomssen, Aitken -----	1.00
Mississippi: State Nurses' Association -----	26.00
Missouri: Anna Thorn, Anna Fennen, Agnes Meuemath and Hazel M. Stewart of Kansas City, \$1 each; Luella E. Helvey, Araminta Howard, and Lena Smith, Springfield, \$1 each -----	7.00
Montana: Silver Bon Nurses' County Assn., Butte -----	49.00
New Jersey: State Nurses' Assn.,* \$50, (In memory of Bertha M. Gardner), \$30, Individual members, \$24; Emma F. Crum, Hackensack, \$1; Gertrude Brainard, Orange, \$2; Mary E. Compton, Newark, \$1; Mrs. Pauline Baxter, Long Branch, \$1; Olga Anderson, Plainfield, \$1; Isabella H. Cereghino, Asbury Park, \$1; Ellen R. Ward, South Orange, \$1; Individual members Monmouth Memorial Hospital Al. Assn., Long Branch, \$50; Agnes N. Lehman, Elizabeth, \$1 -----	163.00
New York: District No. 1, \$10; District No. 2, Rochester, Marion R. Doyle (for Miss McElroy), \$42 and \$10; Mrs. Harriet B. Lanctot, Helen Hull and Miss Markwitz \$1 each; Canandaigua, Lillian Gray Twist, \$1; District No. 3, \$25; District No. 13, New York, Italian Hospital Al. Assn., \$6.55; Lozier Memorial Al. Assn., \$8; Peekskill	

Hospital Training School, \$10; New Rochelle Hospital Al. Assn., \$10; R. Inde Albaugh, \$5; Katharine C. Dear, and Helen A. Taylor, \$1 each; anonymous, \$32; District No. 14, Brooklyn, Lucy D. Treadway, \$5, and Marion A. Bellamy, *\$5	175.55
Ohio: District No. 5, \$15; Ella Coverdale, Catherine Butler, Mary E. Hill, Elsie Dugan, \$1 each; District No. 13, \$3; Mabel Philson, Ella T. Finn, \$1 each; Deaconess Hospital Al. Assn., Cincinnati, \$5; Alice J. Wilkinson, Granville, \$1	30.00
Pennsylvania: Easton Hospital Al. Assn., Easton, \$25; Philadelphia, Lankenau Hospital Al. Assn., \$15; Florence Rich, \$1.50; Elizabeth Moore, Grace Smith and Sara Bunker Smith, \$1 each; Pittsburgh, Pittsburgh Hospital Al. Assn., \$52.22; S. G. Frush, \$1; C. W. Michel, West Newton, \$5	102.72
Spanish Honduras: Leona Moody, La Ceiba	10.00
	<hr/> \$10,627.11

*Given in memory of Sophia F. Palmer.

Disbursements

Postage, chairman	11.00
Paid to 16 applicants	\$290.00
Exchange on cheques	.60
	<hr/> 301.60
	<hr/> \$10,325.51
Invested funds	26,500.00
	<hr/> \$36,825.51

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, *Treasurer.*

MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

(Contributions received up to February 15, 1921)

Previously acknowledged	\$50,530.37	North Carolina	15.00
California	5.00	Rhode Island	5.41
Idaho ¹	5.00	South Carolina	22.00
New York	100.00		
			<hr/> \$50,682.78

¹ Given in memory of Geneva Castevens.

ARMY NURSE CORPS

An inspection of the nursing service at Camp Knox, Kentucky, was recently made by Captain Sayres L. Milliken, Assistant Superintendent, Army Nurse Corps.

The Superintendent of the Corps has returned to her office after two weeks' sick leave necessitated by an automobile accident which occurred in December.

As chairman of the committee appointed by representatives of the three national nursing organizations to prepare material to be used in a national

movement to recruit student nurses for accredited hospitals throughout the country, the Superintendent of the Corps presented a report at a meeting of the directors of the nursing associations at national headquarters in New York on January 20. Copies of the material prepared, together with the posters, are being sent to all Chief Nurses in order that all members of the corps may be informed about the movement and may assist in bringing about its success. Great hopes for ultimate benefit to the nursing schools of the country and for the upbuilding of the profession are held by the committee. Local groups in most of the states are making great efforts to bring information regarding opportunities in the nursing field to the young women of their communities. Members of the corps who would like extra copies of the poster or the pamphlet, "Challenge to the Young Women of America" to send to their friends may obtain them from the nearest Red Cross Chapter or from the Superintendent of the Corps.

In January, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated:—to Station Hospital, Aberdeen Proving Ground, Md., 2nd Lt. Evelyn M. Quint; to Attending Surgeon's Office, New York City, 1st Lt., Kate M. Kemper; to Station Hospital, Camp Benning, Ga., 2nd Lts., Blanche V. Durbin, Alice G. Griffin, and Frankie Smith; to Station Hospital, Ft. Bliss, Tex., 2nd Lt., Clara Moerk; to Station Hospital, Camp Bragg, N. C., 1st Lt., Angeline Staples; 2nd Lts., A. Lillian Small, and Mary C. Tighe; to Station Hospital, Carlisle Barracks, Pa., 2nd Lt., Mary L. Tooker; to Columbus Bks., Ohio, 2nd Lt., Mary T. Manzer; to Station Hospital, Camp Devens, Mass., 1st Lt., Mary F. McLaughlin; to Station Hospital, Camp Dix, N. J., 2nd Lts., Helen A. Boyle, Prudence V. Guy, Florence I. Hilyer, and Mary A. Meely; to Fitzsimons General Hospital, Denver, Colorado, 2nd Lts., Kittie Gordanier, Freda E. Hess, Signa C. Johnson, Elizabeth Kenny, Sara Riley, Martha Sutter, and Ethel Taylor; to Station Hospital, Camp Grant, Ill., 2nd Lts., Mae F. Fitzgerald, Mary B. Francis, Theresa McDermott, Marcella V. O'Connor; to the Hawaiian Dept., 2nd Lts., Catherine Reilly, Mabel B. Williams; to Station Hospital, Camp Knox, Ky., 2nd Lt., Annie Nugent; to U. S. Disciplinary Bks., Ft. Leavenworth, Kansas, 2nd Lts., Elizabeth Devenney, Anna B. McLernon; to Station Hospital, Ft. Leavenworth, Kansas, 2nd Lts., Anna Hart, Kathleen O'Driscoll; to Letterman General Hospital, San Francisco, Cal., 1st Lt., Victoria Anderson, 2nd Lts., Mary H. Dryden, Mary H. Ryan; to Station Hospital, Camp Lewis, Washington, 2nd Lt., Caroline Hutcheck; to Station Hospital, March Field, California, 2nd Lt., Mary Richards; to Station Hospital, Ft. Myer, Va., 2nd Lt., Katherine E. Kelly; to the Philippine Dept., 2nd Lts., M. Virginia Himes, Melicent E. King, Inez H. Wiley; to Station Hospital, Camp Pike, Ark., 2nd Lt., Julia B. Sherman; to Station Hospital, Ft. Sam Houston, Tex., 2nd Lts., Jennie A. Colligan, Emilie B. Curl, Josie M. Johnson, Gerald M. Lindstrom, May Y. Long; to Station Hospital, Ft. Sheridan, Ill., 2nd Lts., Sadie A. Krause, Paula E. Mattfeldt, Annie G. Porter, Stella Terrell; to Station Hospital, Camp Sherman, Ohio, 2nd Lts., Florence Brooks, Alice Fox, May Jones; to Station Hospital, Ft. Slocum, N. Y., 2nd Lt., Belle Lombard; to Station Hospital, Ft. Thomas, Ky., 2nd Lts., Frances A. Merrill, Katherine Nugent; to Station Hospital, Ft. Totten, N. Y., 2nd Lts., Ersie Carroll, Mary Cavanaugh, Hannah McCune, Maude Quinn; to Walter Reed General Hospital, Takoma Park, D. C., 1st Lt., Virginia P. McFarland, 2nd Lts., Lois Clarke, Cecelia A. Finnerty, Mary Hennigh, Sarah M. Hepburn, Alice M. Prentiss, Catherine Price, Doris Umbach, Anna M. Wethers.

Orders have been issued for the separation from the service of the following

named nurses:—1st Lts., Rhoda L. Ashby and Jean H. Norris; 2nd Lts., Margaret B. Angus, Helen V. Armbruster, Dora A. Bell, Nettie Budler, Katherine Byrne, Florence V. Conover, Mary M. Corcoran, Anna L. Davies, Ethel DeGarmo, Mary Ferdinand, Frances Galena, Bridge M. Gallagher, Louise Gardner, Mary J. Gordon, Addie Lee Grimes, Marie J. Hamill, Mabel G. Hamrick, Anna M. Hanson, Bertha A. Hoeptner, Gertrude A. Holden, Harriet D. Jayne, Mary A. Kelly, Marion Lynch, Mary McWebb, Bernardine D. Means, Mary L. Meenaghan, Lois Mills, May A. Mott, Claire L. Nelson, Anna C. Norcross, Anna K. O'Connor, Katherine O'Connell, Emma Peter, Annie T. Powell, Beatrice Richardson, Jennie Roberts, Mary Rourke, Gertrude A. Smith, Elizabeth Tack, Stella L. Teague, Amelia J. Valentine, Maybelle M. Wells, Hattie White, Vera Willard, Agnes A. Wilson, Helen M. Zellar.

The following named 2nd Lieutenants, Army Nurse Corps, have been transferred from the reserve to the regular corps:—Dorothea Johnston, Mary E. Cardwell. The following nurses have been appointed into the corps:—Lois Clarke, Freda Hess, Signa C. Johnson, Katherine Kelly, Elizabeth Kenny.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps,
and Dean, Army School of Nursing.*

NAVY NURSE CORPS

For the information of Superintendents who may be interested in the future work of the nurses who are graduating, the following is a simple presentation of the various points to be emphasized in connection with the Naval Nursing Service. The nurse should decide for or against this branch of the Government Service by weighing the facts in connection with her tastes and temperament and her views of life in relation to her calling. The nurse should remember that the Government which controls the pay, allowances, emoluments and privileges which are given to her in return for her professional work is *her* Government; the Navy is *her* Navy; and should she enter the Service, her loyalty and interest compel her to give her best efforts under the conditions which her Government directs; at the same time, believing that every effort is made to eliminate undesirable conditions and to increase the material allowances which are regulated by Congress. To be eligible for the Service, a nurse must be graduated from a reputable training school requiring a residence of at least two years; must give evidence of registration from states where laws governing registration are enforced; must be a citizen of the United States; unmarried; and when applying for appointment in the Regular Navy, between the ages of 25 and 35: (But in an application for appointment as Reserve Nurse, U. S. N., the maximum age limit is extended.) The applicant must also pass a satisfactory examination. A period of approximately two weeks is necessary from date of application in order that the various credentials may be obtained and placed before the Examining Board. The nurse is notified as soon as possible of the report of this board and is asked to name the date she will accept an appointment and be ready for active duty. Upon receiving this information from the nurse, official orders are issued directing her to proceed on the date noted by her from her home to the hospital indicated, or to another station if her services are especially needed at that station. With these orders, the nurse receives transportation requests entitling her to first class travel, together with a request giving her chair or Pullman accommodation according to the length of her journey. She is also reimbursed for the incidental expenses incurred on this journey and for the transportation of her baggage.

Her pay as nurse in the Navy begins from the date she travels in obedience to orders.

Upon reporting for duty at the station indicated, the nurse is welcomed by the Chief Nurse or her representative and is given at least a day with which to familiarize herself with her surroundings. The quarters provided by the Government for nurses in the Navy are particularly attractive and the nurses can be assured of comfortable, even luxurious accommodations. The subsistence furnished the nurses is the best that can be obtained under the conditions which must control the expenditure of Government money, and in general, the result is entirely satisfactory. The regulations governing the home life are liberal in character, requiring only the restrictions which are necessary in all households where community life exists. It is assumed that graduate nurses realize that their profession requires their first consideration and that social life cannot interfere with this requirement.

The period of duty at the different stations varies from a year in isolated stations; eighteen months for tropical duty; and two years at stations in the environment of a city. While the transfer of nurses is primarily based on the need for nurses, official requests for duty at certain stations receive favorable action so far as is possible and a particular effort is made to alternate the isolated stations with a period of duty at the larger hospitals adjacent to the cities. When returning from the Philippines (Guam) a nurse who may desire to visit other countries is allowed a delay of thirty days, as in duty status, in addition to such leave with pay as she is entitled to and may desire to take. The number of hospitals, hospital ships, and stations in the Navy to which nurses are attached is 43. The general character of duty is the same and a thorough understanding of the Navy routine acquired at one station is helpful in adjusting one's self to another. Every effort is made to have the nurses realize that "Navy life" is a family life and they will receive a welcome from any station, whether in the capacity of nurses on duty or as nurses visiting. Nurses are required to wear white while on duty and the slight effort made to conform to this regulation is usually repaid by the appreciation expressed by officers, coworkers, and patients of the immaculate uniform equipment of the Navy Nurses while on duty. The regulations provide that the hospitals shall launder the uniforms of the nurses to the number required to be worn while on duty. The unit of duty required of nurses in the Navy is eight hours for day duty and ten hours when on night duty. The night duty is given in rotation and, in the larger stations, may not be more often than once in twelve months; but is more frequent in the smaller stations. By this method, however, an average is maintained of probably one month of night duty in seven months of day duty. When the period of night duty has expired, the nurse is given forty-eight hours before being assigned to day duty, unless an emergency should make this impossible. At all Naval Hospitals, the usual entertainments may be found: recreation rooms and moving pictures for which no charge is made. The Commanding Officer of the hospital and the Chief Nurse unite their efforts to encourage such social life as is possible. The result is eminently successful in all hospitals where the nurses enter into the spirit of the community life. In this endeavor, however, as in the performance of her professional work, the keynote to her success in the Navy is cooperation. The professional work required of a nurse in the Navy is varied. She is, of course, expected to give efficient care to the critically sick, but her attainments extend beyond this strictly professional aspect. She is in charge of any detail in which she may be placed and is responsible for that detail. This

recognition of her responsibility requires constant vigilance on her part when on duty; and at first it may seem that her particular qualification for nursing the sick is submerged in administrative and supervisory work. In time, however, the majority of nurses will recognize that the various details result in increased aptitude. In addition to her actual professional and administrative work, a nurse in the Navy is also required to assist in the teaching of members of the Hospital Corps who perform the duties of nurses when attached to the ships. This is perhaps the most satisfying development of the Navy Nurse's responsibility. The initial instruction of these lads is given at the Hospital Corps Training Schools, four in number. Navy nurses are members of the Staff of teachers and it is due, in a great measure, to their interest and to their initiative that modern training school methods have been established at these schools. Nurses on duty in the Naval Hospitals should have an especial interest and pride in continuing the instruction of these lads, the foundation of which is laid by members of their own Corps. For this reason, also, nurses should be interested in accepting the nursing methods which are chosen in relation to the Service requirements; irrespective of the methods which may have been taught in their individual training schools. At first, the nurse may be somewhat dismayed that she is required to teach and demonstrate nursing methods to a group of boys, but she soon becomes accustomed to the work and her interest is in proportion to her love for her chosen profession and her desire to develop in the hearts and minds of these "pupil nurses" the principles of conscientious care of the sick. To successfully carry on her work as instructor, it is desirable that a nurse should know something of the organization and development of the Naval Service. The nurses who have this knowledge are deeply interested in the passing of Acts of Congress which increase the pay and privileges of the various branches of the Service, and will not regard the advancement of one class as a reflection on the standing of any other Corps. In citing these additional qualifications which Navy nurses should possess, it must be realized that the benefit which results to the nurse and to her coworkers is in proportion to the spirit of coöperation with which she meets these unusual conditions.

It is accepted that the monetary return is not as great as it should be for the particularly qualified woman who becomes a successful nurse in the Navy. A careful review of the history of nursing in Government services must convince the unprejudiced that however unsatisfactory the present rate of pay may be, there has been continuous progressive improvement in all circumstances relating to the Navy nurse's life, such as pay, privileges, emoluments, professional recognition and general standing. Thoughtful nurses who have also carefully considered this matter without prejudice, and whose judgment has not been biased by the temporary inflation of prices under abnormal conditions that inevitably follow the catastrophe of war, have stated that the elimination of all necessary expenses, which is one of the privileges of Government Service, makes the payment which they receive average more than is the case when the actual pay is higher, but requiring that incidental expenses be met by the nurse. The actual pay, however, is regulated by law and the efforts made by the War and the Navy Departments to increase the pay of nurses have been more successful in this branch of the Government Service than in any other. To our knowledge, no assistance has been made by outside influence of individuals or organizations to obtain a more liberal monetary return for nurses in the Army, the Navy, and the Public Health. The Act of May 18, 1920, authorized the following pay table: \$864 for the first three years of service; \$936 for the second three years of service;

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and a proportionate increase until \$1152 is reached. A nurse is entitled to thirty days' leave with pay for each year and this leave may be accumulated not to exceed 120 days. While on leave, she receives, in addition to her pay, commutation of subsistence at 53 cents per day. Nurses are entitled to medical care when ill and are the only women who are received as patients in the naval hospitals. The Navy is most liberal in this privilege and until 1919 there was no limit to the time a nurse was carried on sick list. Under the conditions existing by the establishment of the Bureau of War Risk Insurance, nurses who are disabled in line of duty are entitled to compensation for disability; and to vocational training if desired, after discharge from the naval service. A further recognition of the obligation to sick nurses is that a nurse is entitled to thirty days' sick leave each year to recuperate from illness or injury in line of duty; this sick leave is in addition to legal leave with pay. Dependent relatives of members of the regular Navy receive six months' pay of the nurse, should death result from illness or injury in line of duty.

It would cover too much space to designate all the naval stations, but a naval hospital is located in each of the following large cities: Boston (Chelsea), New York (Brooklyn), Philadelphia, Washington, Norfolk, Charleston, New Orleans, San Diego, San Francisco and at Puget Sound. Nurses who are interested in this branch of the government service and who desire more detailed information with regard to the work, will be cordially received by the chief nurses of these hospitals who will give them any additional information they may desire. It must not be forgotten that in this branch as in all other fields of the nursing work, nurses need the sustaining power of the keystone of their calling,—devotion. There has been no change in the character of our work since R. Angus Smith, writing to Florence Nightingale, July 7, 1859, said: "It seems to me that the greatest want among nurses is devotion. I use the word in a wide sense, meaning that state of mind in which the current of desire is flowing toward one high end. This does not presuppose knowledge, but it very soon attains it."

A form of application for the Victory Medal and button will be issued by the Bureau of Medicine and Surgery, Navy Department, to each nurse, released from active service, who served honorably in the Navy between April 6, 1917, and November 11, 1918. Nurses who have changed their address following release from the service are requested to write to the Bureau of Medicine and Surgery for the application blank. In returning the form of application, it is essential the nurse should pin to the form her Letter of Appointment or Certificate of Enrollment upon which the endorsement of her discharge from the Service has been noted. As stated in a previous article, all nurses attached to Naval Hospitals, Naval Ships, or Naval Stations, may obtain their Victory Medals through their Commanding Officers without the above mentioned application.

The following nurses have been appointed and assigned to the Naval hospital at the station indicated: *To Annapolis, Md.*, Mary L. Drohan, Schenectady, N. Y.; *Luama A. McFarland*, Philadelphia, Pa.; *Ethel T. Lawrence*, Johnsonburg, Pa. *To Fort Lyon, Colo.*, Edna R. Brown Jonesboro, La.; *Eleanor B. Martin*, Denver, Colo. (reappointment); *Coyle McBrayer*, Nevada, Mo.; *Dorothy J. Skelton*, St. Louis, Mo. *To Gulfport, Miss.*, Mary L. Moore, Tallahassee, Fla. *To League Island, Pa.*, Addie B. Cummings, Philadelphia, Pa. (reappointment); *Edith A. Lea*, Thayer, Kans.; *Caroline A. Miller*, Pittsburgh, Pa. *To Quantico, Va.*, Annie Miller, Washington, D. C. (reappointment). *To San Diego, Calif.*, Ruth E. Dawson, Denver, Colo.; *Flora A. Gee*, San Diego, Calif.; *Ethel C. Kastrop*, Los Angeles, Calif.; *Louise E. Koenig*, San Diego, Calif.

(reappointment). *To Washington, D. C.*, Bertha R. Marean, Brookland, D. C. *To Naval Dispensary, Washington, D. C.*, Loretta McDonald, Washington, D. C. (reappointment).

The following nurses have been transferred: *To Annapolis, Md.*, Pearl F. Day (temporary) and Ivy H. Keene (temporary), Washington. *To Chelsea, Mass.*, Margaret M. Fitzpatrick, Great Lakes. *To Ft. Lyon, Colo.*, Josephine Croghan, Great Lakes. *To Great Lakes, Ill.*, Mary E. Ash, Norfolk; Genevieve C. Brown, Key West; Josephine Croghan, Quantico; Galena W. Deignan, Chief Nurse, Washington, Dispensary, Navy Yard, (temporary); Eva R. Dunlap, Chief Nurse, Washington, (temporary); Ferol Ford, Pensacola; Mary B. Gainey, and Margaret A. Morris, Key West; Agnes M. Quinlan, Washington, Dispensary, Navy Yard, (temporary); Josephine Y. Raymond, Washington, (temporary); Clara L. Thomas, Washington, Naval Dispensary, (temporary); Charlotte E. Toddings, Annapolis; Teresa Weigand, Fort Lyon. *To Gulfport, Miss.*, Blanche Brown, Chief Nurse, New York. *To Hampton Roads, Va.*, Mary E. Blanchfield and Maude L. Essig, New York; Bertha I. Myers, Chief Nurse, Mare Island. *To U. S. S. Henderson*, Bertha C. Pingel (temporary), and Lucy A. West (temporary), Norfolk. *To League Island, Pa.*, Carrie H. Lappin, Chief Nurse, U. S. S. *Hancock*; Mary C. McNelis, Newport; Katherine E. Oblender, Annapolis; Florence R. Partridge, Quantico; C. Irene Reed, U. S. S. *Hancock*; Ruth F. Siddens, Norfolk, Dispensary, Navy Yard. *To Mare Island, Calif.*, Lois J. Barkdoll, San Diego; Adelaide B. Cobb and Laura M. Cobb, Canacao; Laura Hartwell, Puget Sound; Edith N. Lindquist, New Orleans; Marie I. Luckins, Gulfport; Ethel J. McCormack, Quantico; Helen L. McKenzie, Puget Sound; Katherine McLaughlin and Anna S. Mays, New Orleans; Gene Merritt, Great Lakes; Mary Moffett, Pearl Harbor; Elizabeth M. O'Brien, San Diego; Mary D. Walton, Quantico. *To U. S. S. Mercy*, Katherine C. Glancy, San Diego. *To New York, N. Y.*, Marie V. Brizzolara, Norfolk; Emily J. Craney, Fort Lyon; Bessie M. Gaynor (temporary), and Alice M. Gillett, Chief Nurse, (temporary), New York, Dispensary, Navy Yard; Margaret Kennedy, Newport; Helen C. Phelan, New York, Fleet Supply Base, (temporary). *To New Orleans, La.*, Evelyn M. Davis, Fort Lyon. *To Norfolk, Va.*, Ada E. Griffiths and Helen M. Kelley, Chelsea. *To Pearl Harbor, T. H.*, Teresa E. Wilkins, Yokohama. *To Pensacola, Fla.*, Lucia D. Jordan, Chief Nurse, Gulfport; Rose E. Walker, New Orleans. *To Puget Sound, Wash.*, Elizabeth L. Allen and Frances S. Denk, New York. *To Quantico, Va.*, Bertha B. Devitt, Washington; Mabel F. Gardiner, New York. *To San Diego, Cal.*, Dola Holcomb, Fort Lyon. *To Washington, D. C.*, Eleanor Gallaher, Washington, Naval Dispensary, (temporary); Ruth B. Mentzer, Portsmouth; Agnes M. Quinlan, Washington Naval Dispensary, (temporary).; *To Yokohama, Japan* Charlotte V. Hyne, Canacao.

Honorable Discharges.—Fredricha Braun, Chief Nurse, Gulfport; Harriet S. Crawford, Philadelphia; Mary L. Drohan, League Island; Edith V. Kiester, New York; Rosa C. Wertz, League Island.

Resignations.—Pattie H. Bracey, Quantico; Florence H. Biehl, Hampton Roads; Mary A. Gayton, San Diego; Clara B. Grice, Gulfport; Alice M. Houston, Annapolis; Gertrude Johnson, Great Lakes; Alma H. Kienlen, Great Lakes; Hannah A. Lee, Fort Lyon; Minnie G. Manzey, Puget Sound; Anna M. Moran, League Island; Alice T. Murphy, Norfolk; Dorothy Sample, Annapolis; Nellie Vangsness, Mare Island.

U. S. S. Relief.—The *U. S. S. Relief*, having a bed capacity of 500, was

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commissioned as a hospital ship December 28, 1920. Since that time there has been great activity in completing the necessary details in order that she may take her place with the fleet. At date of writing it is believed she will be under sail February 20. The *Relief* is the first hospital ship in the world, which was built as such from the keel up; all other hospital ships having been converted from vessels designed for other purposes. The *Relief* represents the most complete hospital ship afloat, and even a land sailor feels the thrill of pride in the beauty of line; the perfection of detail and the indisputable evidence that this hospital ship is the product of thought and manual skill based upon a clear conception of the needs of the sick. The quarters for the nurses are on the sixth deck and have been planned to give a maximum of comfort in the minimum space which can be allotted to the individual. When requesting that nurses be detailed to the *Relief* the Commanding Officer urged that the nurses assigned to this duty should be chosen from those who have a basic optimism and who can be relied upon to demonstrate a spirit of coöperation in meeting the unusual conditions under which they must work and live. In greeting the nurses he said, in effect: "On behalf of the sick of the Navy and on behalf of the people at home I solicit the best effort of all who are assigned to duty on the *Relief* to make her efficient and to make her a clean and happy ship. To do this we must love our work, which means happiness, since we know full well if we hate our work we are miserable. Let us be prompt always in the performance of our duty, and courteous in our relation with each other; these qualities ensure coöperation and efficient team work."

The following Nurses have been assigned to the U. S. S. Relief: Beatrice J. Bowman, Chief Nurse; Ellen E. Drisko, Barbara F. Egenrieder, Florence M. Field, Isabelle Gilfillan, Ellen M. Hodgson, Katherine M. Keane, Anna G. Keating, Irene Mary Lannon, Minnie D. Stith.

Died in the Service of Their Country.—Theodosia B. Burnett, on December 6, 1920, in San Diego, and Harriet K. Kavanaugh, on January 15, 1921, in Annapolis.

LENAH S. HIGBIE,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

The following is the list of promotions and transfers for the month of January: Eunice Worrell, Surgical Supervisor, Baltimore, No. 56, promoted to Chief Nurse and transferred to Detroit, No. 7; Lelia Robinson, Chief Nurse, Detroit, No. 7, transferred, Chief Nurse, Dwight, No. 53; Helen Churchill, Chief Nurse, Key West, No. 10, transferred, Chief Nurse, Savannah, No. 20; Florence Pelton, Chief Nurse, New Orleans, No. 14, transferred, Chief Nurse, Philadelphia, No. 49; Lizzie Grant, Chief Nurse, Philadelphia, No. 49, transferred, Chief Nurse, West Roxbury, No. 44; Christine McGrath, Acting Chief Nurse, West Roxbury, No. 44, transferred, Assistant Chief Nurse, Augusta, No. 62; Hattie Magness, Acting Chief Nurse, Knoxville, No. 57, transferred, Assistant Chief Nurse, Philadelphia, No. 49; Helen K. Smith, Chief Nurse, New York, No. 38, transferred, Chief Nurse, Kansas City, No. 67; Sara Lee, assigned as Chief Nurse, Knoxville, No. 57; Catherine Taulbee, Chief Nurse, Louisville, No. 11, transferred, Chief Nurse, Cleveland, No. 6; Josephine Gaffney, Assistant Chief Nurse, Baltimore, No. 56, transferred, Acting Chief Nurse, St. Paul, No. 65; Laura Brown, promoted to Chief Nurse, New Orleans, No. 4; Julia McCorkle, Assistant Chief Nurse, New York, No. 38, transferred, Assistant Chief Nurse, Kansas City, No.

67; Helen Hayes, New York, No. 38, transferred, Surgical Supervisor, Kansas City, No. 67; Dorothy Dunn, promoted to Assistant Chief Nurse, Fox Hills, No. 61; Alice McMullen, promoted Chief Nurse, St. Louis, No. 18; Rosamond Jordan, promoted Chief Nurse, Fort Stanton, No. 9; Catherine Winters, promoted Chief Nurse, Key West, No. 10; Lucy Corthell, promoted Assistant Chief Nurse, Boston, No. 36; Emma Hunt, promoted Chief Nurse, Louisville, No. 11.

A general hospital of 300 beds will be opened at Asbury, Minneapolis, and nurses are being recruited in that section.

LUCY MINNIGERODE,

Superintendent of Nurses, U. S. P. H. S.

Arizona: Phoenix.—DISTRICT No. 1 at its December meeting elected the following officers: President, Mrs. Gertrude F. Russell; vice-presidents, Bertha McFall and Helen Egan; secretary, Rose Bemnato; treasurer, Serfina Righetti.

California: Pomona.—THE POMONA VALLEY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting, January 5. After the regular business meeting the following officers were elected: President, Mrs. Florence Pickett; vice-presidents, Jean Rendall and Lucille Munday; secretary, Mrs. Mildred Jackson Parker; treasurer, Grace Auten. The Board of Directors are: H. Laubengayer, Ivo Reed, C. Edith Neher and Lula Poling. The various committees were also elected. After the adjournment the senior students gave a delightful program. The report for the year showed that eight regular and two special meetings had been held at which papers and addresses were given by Kate Urban, instructor of nurses, on Alumnae Associations in general; by Nellie Miller, on Hydrotherapy; by Rosa Waltke, superintendent of nurses, on the Medical Amendments to the State Constitution by Sarah Eager, secretary of the local Red Cross chapter, on National Red Cross Work; by Dr. F. C. Piersol, on Emergencies; by Alma Wrigley, chief nurse at Arrowhead Government Hospital, on her year at Columbia University. The alumnae association became a branch of District No. 5 of the California State Nurses' Association last April with fifteen members. Three have been added during the year. Twelve-hour duty was adopted for private duty nurses in November. The treasurer's report shows that \$5 was paid toward the support of an interstate secretary; \$15.50 for Nurses' Relief Fund, and \$2.66 for flower fund for sick nurses. Christmas boxes were sent to missionaries, Nina DuPee, class of 1916, Nanking, China, and Edna Lawrence, class of 1917, Seoul, Korea. The Program Committee has arranged a splendid program for 1921.

Colorado.—THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination, March 22, 23, and 24, in Denver. Louise Perrin, Secretary. **Colorado Springs.**—Bertha Erdman is superintendent of nurses at Beth-El Hospital.

Connecticut.—THE CONNECTICUT LEAGUE OF NURSING EDUCATION, THE CONNECTICUT ORGANIZATION FOR PUBLIC HEALTH NURSING and THE CONNECTICUT STATE NURSES' ASSOCIATION held joint meetings on January 25 and 26, at Center Church House, Hartford. The morning of the 25th was devoted to League business. The afternoon was the Public Health session, with business, and an address by Stella Fuller of Chicago. At the evening joint session, the speakers were E. E. Pearce, New York, on Recruiting Student Nurses, and Florence M. Johnson, from the Atlantic Division of the American Red Cross. On the afternoon of the 26th, the business meeting of the State Association was held, when the following officers were elected: President, Harriet E. Gregory, New Haven; vice-presidents, Margaret K. Stack, Hartford, and Mrs. Braman, Bridgeport; secretary, Winifred LaFountaine, New Haven; treasurer, Sarah Hyde, Middletown. The Councillors are: Mary Hills, Martha J. Wilkinson, Winifred A. Hart, Frances

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Tingley, Elizabeth A. Summers and Maude E. Landis. The meetings ended with a dinner at which various members responded to toasts.

District of Columbia:—THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA held a meeting on January 26, at which time Clara D. Noyes spoke on her European experiences. Miss Noyes told of the lack of nourishing food and the cramped and comfortless living quarters which Red Cross nurses are cheerfully enduring in common with the natives of the various countries. This intimate glimpse of the work of our American nurses as well as the privilege of meeting Miss Noyes in this personal way was much appreciated by the nurses.

Georgia: **Augusta.**—THE SECOND DISTRICT ASSOCIATION held a meeting on January 12 and the following officers were elected: President, Florence Reckarel; vice-president, Mrs. Anderson; secretary, Elizabeth Thomas; treasurer, Mamie Minor. In addition to the monthly report on Current Topics, very interesting papers were read on The Advantages and Disadvantages of the Present System of Immigration, and on The Relation of Nursing to the Present System of Immigration. The District Association met on February 9. Dr. Marion Kershaw, who for many years has been in charge of the King Mill Baby Clinic, gave a most interesting talk on Child Welfare. THE UNIVERSITY HOSPITAL ALUMNAE ASSOCIATION held its monthly meeting on January 31. Plans were made to revise and improve the Central Nurses' Registry.

Hawaii.—THE TERRITORY OF HAWAII NURSES' ASSOCIATION has the following officers for the year 1921: President, Janet Dewar, Children's Hospital, Honolulu; vice-presidents, Sadie Sterritt, Girls' Industrial School, Honolulu, and Mabel Wilcox, Lihue, Kauai; secretary, Mabel L. Smyth, Palama Settlement, Honolulu; treasurer, Mrs. H. B. Sinclair, Honolulu.

Idaho.—THE IDAHO STATE NURSES' ASSOCIATION will hold its annual meeting on March 1, in Boise, in the Women's Club Room at the Chamber of Commerce.

Illinois.—THE ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION will hold the next examination for registered nurses in Chicago, March 4 and 5. **Chicago.**—The new School of Social Service Administration at the Chicago University has established a course of Public Health Nursing. THE ALUMNAE ASSOCIATION OF ST. LUKE'S TRAINING SCHOOL held regular monthly meetings on January 18 and February 15. The association decided, as a means of thrift, to have *The Alumnae* mimeographed instead of printed. Miss Cushman, class of 1919, who has been taking a course at Henry Street Settlement, New York, has accepted a position in Arkansas as county industrial nurse. Louise M. Spohr, class of 1900, and Jane Allen, class of 1903, are taking courses at Teachers College. Ella Best, formerly chief instructress of St. Luke's, is now at the Miami Valley Hospital, Dayton, Ohio. Sue Welch, class of 1908, is doing public health work in San Diego. Agnes Martin is superintendent of Public Health Nursing in Milwaukee. Edith Bender and Miss Sweet are also doing public health work in Milwaukee. THE PRESBYTERIAN HOSPITAL ALUMNAE ASSOCIATION held its regular meeting on December 7. Charlotte Landt was elected treasurer to succeed May Ruggles. Margaret Wray was elected secretary to succeed Bertha Bennett, who has resigned her position as superintendent of the Central Free Dispensary, Rush Medical College, to return to her home in Waterloo, Iowa. May Ruggles has taken a position in the Arizona Copper Mining Company Hospital, Morenci, Arizona. Helen Deane has accepted the position of assistant to Miss McMillan at the Presbyterian Hospital. Bernice Cosgrove, class of 1920, has taken a position as surgical nurse in the hospital. Mary Cool, class of 1919, is in charge of a

surgical floor in the St. Louis City Hospital, St. Louis. Della Hansen and Mary Ross have accepted positions as head nurses in St. Anthony's Hospital in Oklahoma City. Anna Reike, class of 1920, is the new Gladys Foster Memorial nurse giving excellent care to those who are unable to pay. This is the second Memorial nurse and is at this time made possible by the generosity of the Board of Managers of the hospital, the fund not having been completed. The Christmas bazaar given by the student nurses added a sum of eight hundred and sixty-five dollars to this cause. Ella May Ottery, class of 1916, formerly supervisor of a surgical floor, has resigned her position and is now in California. Edna McCullough, class of 1918, is supervisor of a surgical floor. Margaret Wray, class of 1919, and Amy Bigelow, class of 1920, have recently taken charge of medical floors. Pearl Sharp and Meta Jane Elliott have recently gone to the Copper Mining Company Hospital at Clifton, Ariz. Mabel Pickett, class of 1919, has resigned her position as surgical nurse. Ella Van Doren, class of 1917, has resigned her position in charge of a floor at Minor Hospital, Seattle, and has returned to her home in Ida Grove, Iowa. THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL FOR NURSES held a meeting on February 1. The senior class of 1921 were guests of the Alumnae. Evelyn Kimmel spoke on the First District Association. Frances Caldwell, graduate of Illinois Training School, recently took the position of assistant night superintendent at Cook County Hospital. Florence E. Baker, class of 1910, has resigned her position as assistant superintendent of the Tuberculosis Hospital and has accepted a position at the National Sanitorium, Johnson City, Tenn. Marie Glauber, class of 1915, has resigned her position in Ward 34 and has accepted a position in a hospital at Salida, Colo. Agnes Reid, class of 1912, has accepted the position as Assistant Professor of Nursing and Superintendent of Hospital at the University of Wisconsin, Madison. Barbara Wadalma, class of 1918, Wesley Memorial Hospital, has begun her work as welfare nurse in East Chicago. Bess Synehorst, class of 1915, and Thelma Marty, class of 1917, Wesley Memorial Hospital, are nursing in Honolulu. PEORIA.—DISTRICT No. 7 held a meeting on February 4. Rose Wood was elected vice-president to succeed Mrs. Maud Schwambach and Barbara E. Glover was elected secretary to succeed Augusta Hyde. Following a short business meeting, a banquet was held. Rev. J. Merle Stevens gave an address entitled, If I Were You.

Indiana: Fort Wayne.—THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION held its regular meeting February 2. Two interesting papers were given: Dental Hygiene by Beda Nicol, and The Public Health Nurse, by Pauline Huser. The next regular meeting will be held the first Wednesday in March. At this meeting Grace Cook, from Indianapolis, will speak on The Central Directory. All graduate nurses from Fort Wayne and vicinity are invited. Mae Wilson, class of 1920, and Rowena Shoeff, class of 1919, Lutheran Hospital, have accepted positions with the General Electric Company. Helen Boyer, class of 1920, Lutheran Hospital, has accepted a position as public health nurse at South Bend.

Iowa: Des Moines.—THE BOARD OF DIRECTORS OF THE STATE NURSES' ASSOCIATION met on February 5 to discuss probable legislation and to complete the committee appointments. THE STATE BOARD OF HEALTH invited representative nurses from the hospitals of Des Moines to a meeting on February 9 to confer regarding the Nursing Law. STATE BOARD examinations were held on January 27 and 28. Seventy-six nurses were present. Mary B. Ludy has resigned as superintendent of nurses, Lutheran Hospital. Emma F. Wilson has resigned her position with the Standard Chemical Company. IOWA CITY.—Twenty-two nurses received diplomas from the University Hospital School of Nursing on February

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8. A reception was held in the nurses' home. **Washington.**—WASHINGTON COUNTY HOSPITAL will hold graduating exercises on February 19. The class recently completed a six months' affiliation at University Hospital, Iowa City. **Fort Dodge.**—The meeting of District No. 8 of the Iowa Nurses' Association was held Wednesday, January 19, at St. Joseph's Mercy Hospital with 16 members present. Sister Mary Bernadetta welcomed the association. Miss Nelson, Miss Barnett and Miss Trott gave some very interesting talks about their school work. Miss Beck gave a short talk on her work as visiting nurse. K. Diehl gave a good report of the State meeting. Officers for 1921 are: E. Jones, president; Sister Mary Bernadetta, vice-president; E. Friemuth, secretary; K. Diehl, treasurer; Board of Directors, Sister Mary Edmunda, Sister Mary Jeanne d'Arc, and Kate Byrne. Four new members were admitted. **Waterloo.**—DISTRICT No. 4 had its annual meeting December 17 at the home of Minnie Harrison. The following are officers: President, Nanna Colby, Waterloo; vice-presidents, Emalie Vorba and Alma Bravdt; secretary, Minnie Maibowr; treasurer, Minnie Harrison; directors, Marie Brannon and Margaret Mestain. Sixteen new members were taken in at this meeting. Reports of the State Association were read by Miss Brennon and Miss Maibowr. The March meeting will be held at Cedar Falls. **THE NURSES' CLUB** met February 3, at the home of Tresa Cellentine. All graduate nurses are eligible to this club. **Marshalltown.**—ST. THOMAS ALUMNAE was entertained at its February meeting by Mrs. Gallenelt, a charter member. The association has furnished a room in the new modern hospital that has just been completed. **Hampton.**—LUTHERAN HOSPITAL GRADUATES have organized their Alumnae and affiliated with District No. 9.

Kentucky.—THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold the regular semiannual examination for the registration of graduate nurses at the City Hospital, Louisville, May 24 and 25. Applications and further information may be secured from the secretary, Flora E. Keen, 115 N. Main St., Somerset.

Louisiana.—THE COLORED LOUISIANA STATE NURSES' ASSOCIATION held its annual meeting on November 14. The following officers were elected: President, Mrs. Carrie Jones; vice-president, Mrs. Waters; secretary, Mrs. Hattie Wilson; treasurer, Mrs. B. Thornhill. Sarah J. Buddington was elected chairman of the Finance and Publication Committee.

Maine.—THE MAINE STATE NURSES' ASSOCIATION held its annual meeting in Lewiston on January 6 and 7. There were delegates from all three districts and a total attendance of 100 members. The morning of the first day of meeting was given over to business and reports of committees. The afternoon meeting was in charge of the Private Duty Section. Thursday meetings were in charge of the Public Health Section and the Nursing League Section; round tables were conducted by both Sections. The President, Lucy J. Potter, in her address made a plea for increased contributions to the Relief Fund and for subscriptions to the AMERICAN JOURNAL OF NURSING. Among the papers were: Cancer Control, by Dr. Edward Risley; The Private Duty Nurse, by Dr. Nixon; The Relation of the Private Duty Nurse in the Community, by Rachael A. Metcalfe; and Tuberculosis and Child Welfare, by M. E. Marshall. The following officers were elected: President, Margaret Dearniss, Maine General Hospital, Portland; vice-presidents, Rachael Metcalfe, Central Maine General Hospital, Lewiston, and Jane Prebost, Portland; secretary, Leona Roderigne, Green Mountain; treasurer, Mary A. Penny, Portland. Directors, Ida Washburn, Katharine A. Keating, Betsy Edgcombe and Lucy J. Potter. Wednesday evening the visiting nurses were given a reception by the Central Maine General Hospital and St. Marie Hospital

Alumnae Association. Luncheon was served Thursday at the DeWitt Hotel. THE MAINE STATE BOARD OF EXAMINERS AND REGISTRATION OF NURSES will hold examination for registration of nurses at the State House, Augusta, at 9:30 o'clock, on April 20 and 21. Applications should be filed at least fifteen days prior to the date of the examination with the secretary, Rachael A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland.—THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its seventeenth annual meeting in Osler Hall, Baltimore, on January 27 and 28. THE MARYLAND STATE PUBLIC HEALTH NURSES' ASSOCIATION and the MARYLAND STATE LEAGUE OF NURSING EDUCATION held their annual meetings at the same time. The business session opened with an attendance of more than sixty nurses. Among the various reports was one from the Club House Committee giving the results from sending out questionnaires to all the nurses in the State, asking for an expression of opinion in regard to establishing, in Baltimore, a Club House in which the activities of the Association can be housed. It was decided to appoint a committee for 1921 to take the data already procured and go on with the work. Miss Lawler, the president, in her annual address suggested plans for the coming year, which will increase the activities of the Association and broaden its work. The Association adopted the new constitution and by-laws, as proposed by the Revision Committee, which conforms to the plans of the American Nurses' Association. Among the speakers on Friday was Dr. Edward Hicks Hume, Dean of Yale Medical College, Changsha, China. Dr. Hume gave a most interesting illustrated address, *The Modern Nurse in the Ancient Orient*, and paid glowing tribute to the work of the nurses, who have been associated with him in that far off land. As an expression of appreciation of Miss Lawler's untiring interest and work for the Association, as president, a resolution was adopted to set aside September 15, Miss Lawler's birthday, as the day when each nurse will be asked to give that day's earnings to the Relief Fund of the American Nurses' Association. At the morning session on Friday a most instructive demonstration of nursing procedures was given at the Johns Hopkins Hospital under the auspices of the State League. Officers for 1921 were elected as follows: President, Elsie M. Lawler; vice-presidents, Jane E. Nash and Eleanor Evans; secretary, Sarah F. Martin; treasurer, Gertrude A. Miller; counsellors, Lydia R. Martin, Margaret S. Brogden, Eleanor Parker, Elizabeth C. Patterson, Blanche Smith and Mrs. Henrietta Knorr. The meeting closed with a supper on Friday evening. Many nurses attended and it proved to be a delightful way of closing a most successful meeting.

Massachusetts: Boston.—A well deserved honor from overseas has recently been conferred upon Carrie M. Hall, superintendent of the Training School for Nurses, at the Peter Bent Brigham Hospital, Boston. Miss Hall has received both a medal and citation from the French Government, awarded her as Chief Nurse, American Red Cross, for France, from October, 1918, to June, 1919. The medal is of silver with the words "Reconnaissance Francaise" on the back, and has a blue star on a white ribbon with a red and blue border, representing the colors of France. There is also a blue star, which is of enamel. The citation which accompanies the medal has an engraving at the top, and three signatures, one of them being that of Monsieur Millerand, who was then Minister of Foreign Affairs. Early in the year 1917 Miss Hall went to France as Chief Nurse of the Harvard Unit Base Hospital, No. 5, and in October, 1918, was selected by the American Red Cross to serve as Chief Nurse for France. In June, 1919, she returned to her position at the Peter Bent Brigham Hospital. Miss Hall is a

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graduate of the Massachusetts General Hospital Training School for Nurses, is prominent in both national and state nursing activities in this country, and is also an interested worker in the present campaign for recruiting student nurses in Massachusetts. THE EXECUTIVE COUNCIL OF THE BOSTON LYING-IN HOSPITAL ALUMNAE ASSOCIATION voted to have a charter membership for its graduates continue through this, its first year. The members of the Alumnae Association regret that Charlotte Dana, who is treasurer of the Massachusetts State Nurses' Association will be absent for some months. THE MASSACHUSETTS HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting on January 3. Mary Driscoll gave a paper on Some Phases of the Social Problem. **Fall River.**—THE CITY HOSPITAL ALUMNAE ASSOCIATION at its annual meeting elected the following officers: President, Florence Thistlethait; vice-president, Mabel Sullivan; secretary and treasurer, Mary C. Martin. A health exhibit, the first of its kind, was held at the Massachusetts General Hospital on December 21 and 22, under the direction of the Department of Theoretical Instruction. The purpose of the exhibit was to better acquaint the hospital staff and all others interested in the progress of the school. One room was devoted to the Child Hygiene Traveling Exhibit. The purpose of this was to show the material that can be obtained free of charge from the state to bring facts before the public. In addition, a series of educational lantern slides on the same subject was shown with an accompanying explanation by Miss Reilly, Health Instructor of the Massachusetts State Department of Health. In a second room was exhibited chiefly the work of the students. Posters, illustrating different phases of health, were hung along the sides of the room. There were also a few posters from the Sanitary Milk Commission. On one table was arranged various papers and notebooks, representing the work of the pupils in Sanitation; the laboratory work of the probationers in Anatomy, Chemistry, also Drugs and Solutions. On another table was exhibited the work of the students in Bacteriology, including agar plates showing the distribution of bacteria, the efficiency of various disinfectants, etc. The Dietetics Department exhibited an ideal diet for one day for a child of six years. The Social Service Department presented various charts, records, etc., showing the follow-up work which is done for patients. Several of the students' posters are to be exhibited by the Women's Educational and Industrial Union at the health exhibit to be held in Boston in February under the auspices of the State Federation of Women's Clubs. **Pittsfield.**—A CENTRAL REGISTRY FOR NURSES has recently been organized with Mrs. Helen Woodside, graduate of the Henry W. Bishop, 3rd, Memorial Training School for Nurses, as registrar. Theresa Nordman, graduate of the Special Anesthetic Course, Grace Hospital, Detroit, Mich., has been appointed resident anesthetist at the House of Mercy Hospital.

Michigan.—THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION held its annual meeting on January 26 and 27 in Saginaw. Wednesday morning was given over to business and reports. Special reports were given on the Department of Public Health Nursing by Mrs. Barbara Bartlett; on Recruiting by Emily McLaughlin; on the Vassar Training Camp by Mary Welsh; on Pre-Nursing Courses by Maude McClaskie, and an institute was held by Alice Lake. Wednesday afternoon there was an observation of Teaching Methods at the Manual Training School, which was followed by a conference. Lantern slides showing nursing procedures were shown. Among the papers were: Obligation of the Public to Nursing Education, Mabel Uzzell, Chairman, Detroit Committee on Nursing Activities, American Red Cross; Nursing Activities, Department of

Health, Richard M. Olin, M.D., State Commissioner of Health, Lansing; Education as a Factor in Social Welfare, H. Z. Wilber, Deputy State Superintendent of Public Instruction, Lansing; Legislation, Mrs. J. Beach Morse, President, Michigan State Nurses' Association; Balanced Curriculum, Anna M. Coleman, Inspector of Training Schools; Standardization of Training Schools, Alice Lake, Educational Director, University of Michigan Training School. Thursday afternoon there was a business session, election of officers and Mrs. Helen De Spelder Moore, secretary of the Board of Registration, held a conference on Affiliations. The following officers were elected: President, Mary Welsh, University of Michigan Hospital, Ann Arbor; vice-president, Maude McClaskie, Harper Hospital, Detroit; secretary, Margaret Rogers, Children's Hospital, Detroit; treasurer, Anna M. Coleman, Lansing; Chairman on Credentials, Grace Myers, Blodgett Hospital, Grand Rapids.

Minnesota: St. Paul.—ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION held its regular meeting January 14. The following officers were elected: President, Anne Lawler; vice-president, Madeline Row; secretary, Minnie Blesener; Board of Directors, Sister Jerome, Anne Grady and Bridget Culliton. The Alumnae members presented the former Mother Bernadine with one hundred dollars. **International Falls.**—Elizabeth Hoey, a recent graduate of Northern Minnesota Hospital Training School, has accepted a position as nurse for the Henry County Tuberculosis Sanitarium Board with headquarters at Cambridge, Illinois.

Mississippi.—THE STATE BOARD OF EXAMINERS at its meeting in November elected Dr. J. H. Fox as president to succeed Catharine Kent, whose term expires in May.

Nebraska.—Grace V. Bradley has resigned as president of the Nebraska State Nurses' Association. The Nebraska nurses regret Miss Bradley's resignation. Lulu Abbott will fill the office for the unexpired term.

New Jersey.—THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its annual meeting probably on April 6, at Hackensack. **Bayonne.**—THE BAYONNE HOSPITAL ALUMNAE ASSOCIATION at its February meeting elected the following officers: President, Mrs. H. Roggie; vice-president, Mrs. J. O'Conner; secretary and treasurer, J. C. Fitzhenry. A dance was given in January. **Monmouth.**—DISTRICT No. 4 of the NEW JERSEY STATE NURSES' ASSOCIATION held a meeting on January 25, at which time the following officers were elected: President, Bessie M. Green; vice-president, Elsie Breheut; secretary, Minnie Ireland; treasurer, Beatrice Colley. **Trenton.**—DISTRICT No. 3 held a meeting on January 21. Frances M. Ott, chairman of the Private Duty Section of the American Nurses' Association, gave a talk on Private Duty which was much enjoyed. She gave commercialism some pretty sharp thrusts.

New York.—The inspectors of schools of nursing appointed under the provision of the revised law are: Harriet Gillette, graduate of Protestant Episcopal Hospital, Philadelphia, and formerly superintendent of nurses, Hamot Hospital, Erie, Pa.; Permelia M. Doty, graduate of Pennsylvania Hospital, Philadelphia, and formerly instructor, Department of Nursing and Health, Teachers College, New York; and Martha J. Eakins, graduate of Methodist Episcopal Hospital, Brooklyn and formerly superintendent of nurses, John Seeley, Galveston, Texas. Miss Eakins was in charge of the American ambulance, Paris, for four years. **Buffalo.**—THE PUBLIC HEALTH SECTION OF DISTRICT No. 1 entertained the members of the District Association on December 7. Dr. Eisler of the American Fellowship gave an address. DISTRICT No. 1 held its regular monthly meeting January 19. Following a discussion on A Central Registry in Buffalo, Colonel Donovan gave

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an interesting talk, making a strong appeal for the European Relief Fund. A collection for the Fund amounted to \$100. Cecelia Cross, who has been probation instructor and assistant superintendent of nurses at the Buffalo Homeopathic Hospital for the past two years, has resigned to take a course at Columbia University. **Niagara Falls.**—Florence A. Manley has resigned her position as superintendent of the Niagara Falls Memorial Hospital. Miss Manley was assistant superintendent of the hospital for seven years and superintendent for five years; her resignation was accepted with much regret. **Rochester.**—**GENESEE VALLEY NURSES' ASSOCIATION, DISTRICT No. 2,** held its regular meeting on January 25. Dr. John R. Murlin gave a paper on Metabolism and Growth of Children. On January 28, the District Association repeated, by request, the Florence Nightingale pageant. **ST. MARY'S HOSPITAL ALUMNAE ASSOCIATION** held a banquet and dance on January 19. The class of 1921 were welcomed by the President, Barbara Walter. Classes from 1895 to 1921 were represented. **ST. MARY'S HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting on February 7 and the following officers were elected: President, Barbara Walter; vice-president, Nora Meagher; treasurer, Gertrude Martin; secretary, Mary Keefe. The members of the Board of Directors are: Margaret Lunch, Agnes Cahaley and Margaret Cunningham. The program committee consists of Corrine McGurn, Helen Eagan and Corrine Regberg. Theresa Maxwell is chairman of the nominating committee. **THE ROCHESTER GENERAL HOSPITAL ALUMNAE ASSOCIATION** at its January meeting elected the following officers: President, Hazel L. Jennings; vice-presidents, Elizabeth Carter and A. Bernice DeNiord; secretary, Nellie B. Hodges; treasurer, Florence L. Bacon; auditor, Pearl Irwin. On February 8, at its regular meeting, the Association voted to place a bronze tablet in the nurses' home in honor of the members who served in the World War. **Syracuse.**—**DISTRICT No. 4** at its January meeting elected the following officers: President, Louise Sherwood; secretary, Ida Finch; treasurer, Clara Hurd. **Oneida.**—**THE ALUMNAE ASSOCIATION OF THE BROAD STREET HOSPITAL** held its regular meeting January 4. The following officers were elected: President, Mrs. Ahlene Bartell; vice-president, Viola Beach; secretary-treasurer, Mrs. Ola Preston. The nurses' home of Broad Street Hospital, which has just been completed, was opened for inspection January 1. **Albany.**—**ST. PETER'S HOSPITAL ALUMNAE ASSOCIATION** at its January meeting elected the following officers: President, Katherine I. Deecker; vice-president, Tresa L. Powers; secretary, Helen M. Murphy; treasurer, Alice Kirivin. **Saranac Lake.**—**SARANAC LAKE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 8,** held its regular meeting on February 8. Dr. H. M. Kinghorn gave an address. **New York City.**—**ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION** held its regular meeting on January 4. Miss Bissel gave a talk on the service rendered by St. Luke's nurses overseas during the war. Caroline Hughes, class of 1909, who has been anesthetist at the Macon Hospital, Macon, Ga., is now X-ray technician. Edith Rains, class of 1913, is in charge of the Social Service Department at Rockefeller Institute. **THE LOZIER MEMORIAL HOSPITAL ALUMNAE ASSOCIATION** at its meeting on January 12 elected the following officers: President, Miss Von De Born; vice-presidents, Miss La Plante and Miss Kilborn; treasurer, Miss Metcalf; recording secretary, Miss Yanka; corresponding secretary, Miss Meade. The Board of Trustees is composed of Mrs. Bourne, Miss Smith and Mrs. Oliver. Miss Kimmelman is chairman of the entertainment committee; Miss Smith, chairman of the program committee; Mrs. Bourne, chairman of the nurses' benefit fund committee, and Miss Smith, chairman of legislative committee. **Brooklyn.**—**THE METHODIST EPISCOPAL ALUMNAE ASSOCIATION** has endowed a room for the use of sick

members of the association. Mrs. Leveridge was chairman of the committee in charge of the fund. THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNAE at its February meeting elected the following officers: President, Frances Van Ingen; vice-presidents, Mrs. Walter Eaton and Mrs. John E. Jennings; recording secretary, Lillian L. Halliday; corresponding secretary, Mary Haldane; treasurers, Mary E. Holt and Margaret F. Nicols.

North Carolina: Charleston.—DISTRICT No. 3 at its February meeting elected the following officers: President, Mrs. Sarah P. Auld; vice-presidents, Margaret Sharrock and Mattie Moore; secretary, Bessie Stanford; treasurer, Mrs. Duncon Tillett; directors for two years, Latonia Turner and Annie Ramsey. The District Association was organized a year ago with fifty-nine members, and there are now eighty members.

North Dakota.—THE NORTH DAKOTA STATE NURSES' ASSOCIATION AND THE NORTH DAKOTA STATE LEAGUE OF NURSING EDUCATION will hold a joint meeting in Grand Forks, April 27-29. THE BOARD OF NURSE EXAMINERS will hold an examination for registration of nurses in Fargo, April 5 and 6. Application must be in the hands of the secretary, M. Clark, Devils Lake, at least ten days prior to the time set for examination. The pin for the registered nurses of North Dakota may be secured by sending \$2.50 to Josephine Stennes, Rugby.

Ohio: Cleveland.—THE OHIO STATE NURSES' ASSOCIATION, THE LEAGUE OF NURSING EDUCATION AND THE OHIO STATE ORGANIZATION OF PUBLIC HEALTH NURSING will meet in Cleveland in joint session with THE OHIO STATE HOSPITAL ASSOCIATION during the week of May 16. Headquarters will be at Hotel Winton. The third of a series of addresses given under the auspices of the Isabel Hampton Robb Memorial Committee was held on January 22. Annie Goodrich gave an excellent address on The Future Education in Nursing. Miss Goodrich's sound arguments left no opportunity for discussion. At the annual meeting of the CLEVELAND BRANCH OF THE ST. BARNABAS GUILD the yearly report showed a membership of 120 graduate nurses and 110 undergraduate students, with an assistant membership of 50 lay women. Francis H. White, D.D., Dean of Trinity Cathedral, is chaplain; Katherine L. Mather is president; and Elizabeth Hodgins is executive secretary. The proceeds from the bazaar held by the student nurses amounted to \$700. **Springfield.**—DISTRICT No. 11 held a meeting on January 8. The following officers were elected: President, Dorothy Neer; vice-presidents, May Miller and Ursula Heilman; treasurer, Mrs. W. C. Hewitt; secretary, Wilhelmine Brodt. It was decided to hold meetings every alternate month instead of quarterly meetings. **Zanesville.**—Lillian L. Allen, who for the past three years has been superintendent of the Bethesda Hospital, has resigned her position. She is succeeded by Ella Petterson, who was formerly superintendent of nurses, Children's Hospital, Akron.

Oregon: Portland.—THE HOME NURSING COURSE given by the American Red Cross has been completed by 72 girls at the Girls Polytechnic School. Classes for mothers and high school girls are also conducted. Two new county public health nurses have been appointed this year. Oregon now has twelve county health nurses. The A. L. Mills Open Air School has fifty physically backward children enrolled and is doing a splendid work. The school is now in charge of the Public Health Nursing class of the University of Oregon, as part of its field work.

Pennsylvania.—THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will hold examinations in Pittsburgh and Philadelphia and such other places as may be necessary during the months of March, May, June,

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October and November. **Philadelphia.**—THE ALUMNAE ASSOCIATION OF THE SCHOOL OF NURSING OF THE HOSPITALS OF THE GRADUATE SCHOOL OF MEDICINE OF THE UNIVERSITY OF PENNSYLVANIA held a meeting February 2. The following officers were elected: President, Hannah N. Miller; vice-presidents, Gertrude Gerhard and Mrs. Helen Herrmann; secretary, Mrs. Jennie Slocum; treasurer, Margaret W. Ayres. The treasurer's report showed \$1,573.35 in the general fund, \$614.83 in the relief fund, and \$100.26 in scholarship fund. Twenty-nine new members were accepted during the year and one was reinstated. The Alumnae Association sent each member of the graduating class of 1920 a subscription to the AMERICAN JOURNAL OF NURSING for one year. THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL held its thirty-second annual meeting on January 21. The following officers were elected: President, Mary E. Boteler; vice-presidents, Helen F. Greaney and Canzonette K. Swank; recording secretary, Emily B. Morrison; corresponding secretary, Mrs. Sarah S. Entwisle; treasurer, Anna M. Peters. At the February meeting one new member was accepted. THE PHILADELPHIA GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting on February 7. A committee was formed to make plans for a reunion in May. New officers were nominated; election will take place at the annual meeting March 27. THE EPISCOPAL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting, January 5. The following officers were elected: President, Mrs. George Pfromm; vice-president, Katharine Cleveland; treasurer, Amelia Diller; secretary, Anna Behman. Twenty-five members were present at the February meeting. Miss Giles of the Pennsylvania State Board of Examiners, spoke on the Relation of the Alumnae to the State and National Nursing Organizations, and suggested that the Alumnae include in their dues the subscription to the AMERICAN JOURNAL OF NURSING, as a tribute to Miss Palmer. Blanche Knox, class of 1901, gave a very interesting talk on her work with the Near East Relief Commission. Miss Knox spent more than a year in Armenia. She was stationed at Alexandrinople at first, and on account of her health was transferred to a small town in the valley. There she established a hospital of 86 beds, for children. She remained here until driven out by the Kurds. **Erie.**—ST. VINCENT'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting January 19. The following officers were elected: President, Susan McFeeley; vice-president, Sara Quirk; corresponding secretary, Mrs. Harry Lyons; recording secretary, Margaret Siegel; treasurer, Elizabeth Hartleb. Regular meetings are to be held the second Thursday of each month. **Philadelphia.**—THE HOWARD HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 27. The following officers were elected: President, Katherine Smith; vice-president, Mary Healy; secretary, Sara Spencer; treasurer, Julia Meade. The Board of Directors is composed of Carrie Price, Alice Woodward and Mary Morton. THE CHILDREN'S HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION held its regular meeting on January 17. The theater benefit given on February 7 was reported. THE LANKENAU HOSPITAL ALUMNAE ASSOCIATION at its annual meeting on January 7 elected the following officers: President, Mrs. Harry Williams, Jr.; vice-president, Emily Reichenbach; recording secretary, Elizabeth Rapp; corresponding secretary, Elizabeth Schmayr; treasurer, Mary W. McKim. The association includes the subscription price of the JOURNAL in its dues. **Scranton.**—THE STATE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 13. The following officers were elected: President, Jeanette Edwards; vice-president, Edith Hutton; secretary, Agnes Cawley; treasurer, Alice Lynott; director, Mae English. **Pittsburgh.**—THE PITTSBURGH TRAINING SCHOOL FOR NURSES ALUMNAE ASSOCIATION held its annual

meeting on January 13. The following officers were elected: President, Jane B. Logan; vice-presidents, Florence Marcus and Jane Lyons; treasurer, Florence Wiggins; secretary, Mary Furniss. The membership committee consists of Mary Milholland and Carrie Morehead.

South Carolina.—THE SOUTH CAROLINA STATE NURSES' ASSOCIATION will hold its annual meeting in Columbia, April 27-29. **Columbia.**—DISTRICT No. 3, at a meeting on January 6, elected the following officers: President, Zadie Gullledge; vice-presidents, Nettie Grey and Margaret C. Grey; secretary, Della Ross; treasurer, Mrs. Eda Davis. S. C. Clowney and Sadie M. Brooks are two new members on the Board of Directors.

South Dakota.—DISTRICT No. 2 held its regular meeting on January 7. Dr. Miller of Brookings gave a paper on Child Welfare. The next meeting will be in Sioux Falls on May 2. A slogan of "Every member present" was adopted for the next meeting.

Tennessee.—DISTRICT No. 1, A PRIVATE DUTY SECTION, was formed on January 8 with the following officers: Chairman, Jennie L. Blumingburg; vice-chairman, Mrs. McFerran, and secretary, Naomi Blouin.

BIRTHS

On December 5, in Teleajen, Roumania, a daughter, Katharine, to Mr. and Mrs. Gulian Lansing. Mrs. Lansing was Elizabeth Pilling, class of 1918, St. Luke's Hospital, New York.

On January 19, a daughter, to Mr. and Mrs. W. A. Bramley. Mrs. Bramley was Adrienne Frost, class of 1914, St. Luke's Hospital, New York.

On December 10, in Mauch Chunk, Pa., a son, Martin Sachs, to Mr. and Mrs. Frank Eichelberger. Mrs. Eichelberger was Elizabeth Sachs, class of 1912, Lankenau Hospital, Philadelphia, Pa.

On December 17, a daughter, Gloria Elinor, to Dr. and Mrs. Louis F. Salerno. Mrs. Salerno was May M. Houston, class of 1918, Boston City Hospital Training School for Nurses, Boston, Mass.

In October, a son, to Mr. and Mrs. Joe Saxon. Mrs. Saxon was Avis Boyd, class of 1918, University Hospital, Augusta, Ga.

On November 30, in Akron, Ohio, a son, to Mr. and Mrs. Sherman Wetherby. Mrs. Wetherby was Mary K. Gamble, class of 1918, Jewish Hospital, Louisville, Ky.

On January 5, in Savannah, Ga., a son, William Merritt, Jr., to Mr. and Mrs. William Merritt Jordan. Mrs. Jordan was Mabel Milton, graduate of Dr. Haskin's Hospital, Wheeling, W. Va., and class of 1912, Boston Floating Hospital.

On January 21, a son, Allen Kent, to Mr. and Mrs. Allen Hieatt. Mrs. Hieatt was Violet Kent, class of 1915, Overlook Hospital, Summit, N. J. Mr. and Mrs. Hieatt's home is in Samsoun, Turkey.

Recently, a daughter, to Mr. and Mrs. Paul Bosman, Terre Haute, Ind. Mrs. Bosman was Helen Beemer, class of 1917, Presbyterian Hospital, Chicago, Ill.

On December 14, a daughter, Leah Ann, to Mr. and Mrs. Leland W. Phelps. Mrs. Phelps was Blanche E. Titus, class of 1910, Presbyterian Hospital, Chicago, Ill.

Recently, in Hattiesburg, Miss., a daughter, Helen Lenora, to Mr. and Mrs. James A. Cameron. Mrs. Cameron was Jennie M. Quinn, class of 1899, State Hospital, Scranton, Pa.

On December 20, in Memphis, Tenn., twins, Helen Elizabeth and Ray Bernard,

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to Mr. and Mrs. M. J. Mallery. Mrs. Mallery was Hattie M. Travis, class of 1915, Baptist Hospital, Memphis, Tenn.

On November 27, in Colfax, N. D., a son, William Dupont, to Mr. and Mrs. Ernest T. Corcoran. Mrs. Corcoran was Rose M. Dupont, class of 1920, St. Francis Training School, Breckenridge, Minn.

On January 27, in New York City, a son, to Mr. and Mrs. W. H. Felton. Mrs. Felton was Nancy Gray, class of 1917, United Hospital, Port Chester, N. Y.

On January 5, a daughter, to Mr. and Mrs. Earle DuBoise. Mrs. DuBoise was Mary L. Lotz, class of 1914, Episcopal Hospital, Philadelphia, Pa.

On October 8, a son, to Mr. and Mrs. Albert Hiembach. Mrs. Hiembach was Suson Hassemer, class of 1915, St. Joseph's Hospital, St. Paul, Minn.

MARRIAGES

On January 5, in Franklin, N. J., Cecilia M. Gorman, graduate of Howard Hospital, Philadelphia, to Frank J. Stranlina. Mr. and Mrs. Stranlina will live in Franklin.

On December 15, Ethel H. Fisher, class of 1904, Presbyterian Hospital, Philadelphia, to James B. Edwards, M.D. Dr. and Mrs. Edwards will live in Leonia, N. J.

On October 16, in Kewanee, Ill., Ora Gertrude Jordan, to William R. Dimond. Mr. and Mrs. Dimond will live in Arcola, Ill.

On January 1, Emily O'Neil, class of 1915, Children's Homeopathic Hospital, Philadelphia, Pa., to George Garrison.

On January 17, in Asheville, N. C., Sophia M. Garlick, graduate of the Mission Hospital, Asheville, to Robert L. Redwood. Mr. and Mrs. Redwood will live in Asheville.

Recently, at the Nurses' Home, Mission Hospital, Asheville, N. C., Myrtle Launders, to John Frain. Mr. and Mrs. Frain will live in Memphis, Tenn.

Recently, Farry Bilingsly, graduate of the Mission Hospital, Asheville, N. C., to Charles Kitchersiv. Mr. and Mrs. Kitchersiv will live in Spring City, Tenn.

Recently, Lucy McLain, graduate of the Mission Hospital, Asheville, N. C., to Frank Grantham. Mr. and Mrs. Grantham will live in West Asheville.

On December 22, Sarah May Baker, class of 1917, City Hospital, Auburn, N. Y., to Paul A. Klinkert. Mr. and Mrs. Klinkert will live in Toronto, Canada.

Recently, Faye McAlcer, graduate of Wichita Hospital, Wichita, Kansas, to Bert Kirfner. Miss McAlcer has been school nurse since her return from France. Both Mr. and Mrs. Kirfner were in service.

Recently, Ruth Russell, graduate of Wichita Hospital, Wichita, Kansas, to Mr. Marriott of Denver. Both Mr. and Mrs. Marriott were in service.

Recently, Bonnie Smith, graduate of Wichita Hospital, Wichita, Kansas, to Mr. Clark of Eldorado, Kansas. Both Mr. and Mrs. Clark were in service.

Recently, Donna Doane, graduate of Wichita Hospital, Wichita, Kansas, to Mr. Dunkin of Los Angeles, Calif. Both Mr. and Mrs. Dunkin were in service.

Recently, Flossie Speer, graduate of Wichita Hospital, Wichita, Kansas, to Joe Price of St. Joseph, Mo. Both Mr. and Mrs. Price were in service.

On December 27, in Los Angeles, Calif., Ruby Taylor, class of 1913, Wesley Hospital, Kansas City, Mo., to R. E. Blythe. Mr. and Mrs. Blythe will live in Lang, Calif.

On December 16, in Glendale, S. C., Emma Reinard, class of 1913, The Methodist Episcopal Hospital, Brooklyn, N. Y., to Joseph C. Cudd.

On November 27, Bernice McMillan, class of 1920, St. Luke's Training School for Nurses, Chicago, to O. Veach, M.D.

In November, in Princeton, Ill., Grace Roberts, class of 1919, St. Luke's Training School for Nurses, Chicago, to J. Forest Scott.

In October, Mary Davison, class of 1917, Presbyterian Hospital, Chicago, to W. B. Moody, M.D. Dr. and Mrs. Moody will live in Chicago.

On November 28, in Chicago, Blanch Smith, class of 1920, Presbyterian Hospital, to George F. Hogan.

On October 20, in Los Angeles, Calif., Elizabeth Fletcher, class of 1915, Presbyterian Hospital, Chicago, to William A. Carlingham.

On October 20, in East Chicago, Ind., Neola L. Clapp, class of 1915, Presbyterian Hospital, Chicago, to Harvey E. Welte.

On November 24, in San Diego, Calif., May F. Strand, class of 1916, Presbyterian Hospital, Chicago, to Harrison G. Edsall. Mr. and Mrs. Edsall live in San Diego, Calif.

On December 24, in Chicago, Ill., Florence P. McKinnon, class of 1920, Presbyterian Hospital, Chicago, to Don B. Cameron, M.D.

On January 8, in Tucson, Ariz., Mary Arabelle Lovejoy, class of 1919, Presbyterian Hospital, Chicago, to George Benjamin Skinner.

On September 4, at Mendota, Ill., Faith Denison, class of 1910, St. Luke's Hospital, Chicago, to Ralph C. Ostergren. Mr. and Mrs. Ostergren will live in Charleston, W. Va.

On January 12, in Omaha, Neb., Ethel Mae Lessenger, class of 1917, Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa, to Melvin J. Groves. Mr. and Mrs. Groves will live in Gross, Neb.

Recently, Ruth A. Muehlmeier, class of 1917, Lakeview Hospital, Chicago, Ill., to A. Dale Eby. Mr. and Mrs. Eby live in Princeton, Ind.

On November 25, Aurel Baker, class of 1912, Illinois Training School, Chicago, to Harold Pardee. Mr. and Mrs. Pardee live in Eagle, Wis.

On January 1, in Los Angeles, Calif., Leta Glenn Railsback, class of 1915, Illinois Training School, Chicago, to Norman John McLeod.

On December 29, in San Diego, Calif., Harriet Chapman, class of 1910, Illinois Training School, to William Donald Rolph, M.D. Dr. and Mrs. Rolph will live in Richmond, Calif.

Recently, Mrs. Anna Boyston Hildebrand, class of 1914, Illinois Training School, to C. H. Smith, M.D.

On January 8, in Memphis, Tenn., Ruth Ferrer, class of 1912, Presbyterian Hospital, Memphis, to Earl Dolfe Stribley. Mr. and Mrs. Stribley will live in Memphis.

On December 23, in Bakersville, Calif., Annie Bob Yates, class of 1919, Lucy Brinkley Hospital, Memphis, Tenn., to Bluford Claude Enyart. Mr. and Mrs. Enyart will live in Taft, Calif.

On January 15, in Centerville, Miss., Isabel McDermott, class of 1918, Lucy Brinkley Hospital, Memphis, Tenn., to Walter Williamson. Mr. and Mrs. Williamson will live in Gould, Ark.

On January 23, in Clarksdale, Miss., Winford Fite, class of 1913, Presbyterian Hospital, Memphis, Tenn., to Charles A. Connerly of Clarksdale. Mr. and Mrs. Connerly will live in Clarksdale, Miss.

On December 30, in Memphis, Tenn., Mayme Smith, class of 1918, Baptist Memorial Hospital, Memphis, Tenn., to G. F. Cole. Mr. and Mrs. Cole will live in Memphis, Tenn.

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On December 23, in Memphis, Tenn., LaVerne Adkinson, class of 1917, Baptist Memorial Hospital, Memphis, to D. C. Henderson. Mr. and Mrs. Henderson will live in Memphis.

On December 25, in Memphis, Tenn., Mrs. Mammie M. Jones, class of 1916, Memphis General Hospital, to Edward F. Riley. Mr. and Mrs. Riley will live in Memphis.

On December 10, in Clay Center, Kansas, Lottie Shearer, class of 1900, Memphis City Hospital, Memphis, Tenn., to John Coulter. Mr. and Mrs. Coulter will live in Wakeeney, Kansas.

On January 15, in Gardner, Mass., Mrs. Alice E. Briscoe, class of 1907, Huron Road Hospital, Cleveland, Ohio, to George B. M. Soule. Mr. and Mrs. Soule will live in Richmond, Me.

Recently, Helen Holmes, class of 1920, Henry W. Bishop, 3rd, Memorial Training School for Nurses, Pittsfield, Mass., to Russell Knowles, D.D.S.

Recently, Eleanor V. Clarke, class of 1914, Henry W. Bishop, 3rd, Memorial Training School for Nurses, Pittsfield, Mass., to William Connelly, of Lenox.

On January 25, in Philadelphia, Anna Jane Fletcher, class of 1916, Presbyterian Hospital, Philadelphia, to Rev. William Niles Kieffer.

Recently, Elizabeth Holmes, class of 1909, Episcopal Hospital, Philadelphia, to Fred Clarke. Mr. and Mrs. Clarke will live in Paulsboro, N. J.

Recently, Cora Elm, class of 1916, Episcopal Hospital, Philadelphia, to James E. Sinnard. Mr. and Mrs. Sinnard will live in Denver, Colo.

On January 12, Edith Peachy, class of 1916, Episcopal Hospital, Philadelphia, to George Rowe. Mr. and Mrs. Rowe will live in Toronto, Canada.

On December 29, in Ardmore, Pa., Margaret Whiteman, class of 1913, Episcopal Hospital, Philadelphia, to Benjamin Franklin Bartholomew. Mr. and Mrs. Bartholomew will live in Cobles Rill, N. J.

Recently, Frances Myers, class of 1915, Protestant Episcopal Hospital, Philadelphia, to E. F. Maley. Mr. and Mrs. Maley will live in Okmulgee, Okla.

On January 22, in New Orleans, La., Eleanor Brock Bridges, graduate of Touro Infirmary Training School, New Orleans, to John W. Lamar. Following a postgraduate course at the Boston Floating Hospital, Miss Bridges enrolled as a Red Cross nurse and was in service until the close of the war. She later was connected with the Department of Health, New York City. Mr. and Mrs. Lamar will live in Lacombe, La.

On January 26, in Oneida, N. Y., Rhoda L. Ashby, class of 1912, Broad Street Hospital, Oneida, to Captain Ernest Morris. Miss Ashby has been stationed at Fort Banks, Mass., as chief nurse.

On January 29, in Springfield, Mass., Mary E. Ellis, class of 1898, Methodist Episcopal Training School, Brooklyn, N. Y., to Dean Nelson. Mr. and Mrs. Nelson will live in Brooklyn.

On January 17, in Fargo, N. D., Gudron Bondahl, graduate of St. Luke's Hospital, Fargo, to Arthur Conrad Shervey. Mr. and Mrs. Shervey will live in Fargo.

On January 10, Elizabeth Locke, class of 1919, Bismarck Hospital, Bismarck, N. D., to William Edelen, M.D. Dr. and Mrs. Edelen will live in Bismarck.

On December 25, Joyce Babcock, class of 1920, Bismarck Hospital, Bismarck, N. D., to Charles Gottrell. Mr. and Mrs. Gottrell will live in Mott, N. D.

On January 25, Lillian S. Gustafson, class of 1916, Bismarck Hospital, Bismarck, N. D., to A. H. Brix, M.D. Dr. and Mrs. Brix will live in Los Angeles, Calif.

Recently, Evelyn Mason, class of 1919, Staten Island Hospital, New York, to Morris Pollock, M.D.

Recently, Dorothy Decker, class of 1919, Staten Island Hospital, New York, to John Randall, M.D.

Recently, Edith Conley, class of 1919, Staten Island Hospital, New York, to William Sweeney.

On December 15, Ada Adcock, class of 1906, Proctor Hospital, Peoria, Ill., to Remington R. McGee. Mr. and Mrs. McGee will live in Stockton, Calif.

On February 6, Anna K. Weinstein, class of 1916, Proctor Hospital, Peoria, Ill., to Michael Herschburg. Mr. and Mrs. Herschburg will live in Gary, Ind.

On February 5, Frederica Wagner, class of 1915, Proctor Hospital, Peoria, Ill., to Alfred W. Humbel. Mr. and Mrs. Humbel will live in Stockton, Calif.

On January 16, Hattie L. Blanchard, class of 1919, University Hospital, Augusta, Ga., to William Roy Groves of Lincolnton, Ga.

On January 25, Hilda Hoffman, class of 1919, Mercy Training School, St. Thomas Hospital, Marshalltown, Ia., to George Oetker of Haverhill, Iowa.

Evelyn Hogan, class of 1919, St. Joseph Mercy Hospital, Ft. Dodge, Ia., to Gardner Todd. Mr. and Mrs. Todd will live in Omaha.

Recently, Antoinette Jelinek, class of 1915, Women's Hospital, Philadelphia, Pa., to Morris Patton.

Recently, Laura E. Comfort, class of 1915, Women's Hospital, Philadelphia, Pa., to D. S. Birdsall.

On November 24, Teresa Ryan, class of 1917, St. Joseph's Hospital, St. Paul, Minn., to Walter Halloran, M.D.

On December 28, Anne Shurger, class of 1915, St. Joseph's Hospital, St. Paul, Minn., to J. E. Oknay.

On January 29, Anna C. Haist, class of 1917, St. Luke's Hospital, Philadelphia, Pa., to Charles Christy. Mr. and Mrs. Christy will live in Philadelphia, Pa.

On January 12, M. Alice Veit, class of 1914, Lenox Hill Hospital, New York City, to Herman Berger. Mr. and Mrs. Berger will live in New York.

In January, Helen Marie Wagner, class of 1920, Lenox Hill Hospital, New York City, to John Gill.

Recently, Wilma Estridge, graduate of St. Peter's Hospital, Charlotte, N. C., to Duncan Tillett. Mr. and Mrs. Tillett will live in Charleston.

Recently, Pauline Robinson, graduate of Presbyterian Hospital, Charlotte, N. C., to W. S. Boyd. Mr. and Mrs. Boyd will live in Hamlet. Miss Robinson was in service in France.

Recently, Ruth Hawthorne, graduate of Charlotte Sanatorium, Charlotte, N. C., to W. Deeds, M.D. Dr. and Mrs. Deeds will live in Ohio.

On December 18, Delta Trautman, class of 1918, Lutheran Hospital, Fort Wayne, Ind., to Elmer F. Schmoe. Mr. and Mrs. Schmoe will live in Decatur, Ind.

On January 1, Meta Borneman, class of 1918, Lutheran Hospital, Ft. Wayne, Ind., to William F. Shafer. Mr. and Mrs. Shafer will live in Dowagiac, Mich.

On January 27, in Philadelphia, Pa., Edna Ruth Brookmyer, class of 1918, Lankenau Hospital, Philadelphia, Pa., to Henry R. Leaman.

DEATHS

On December 10, at the Flower Hospital, New York City, following an operation for appendicitis, Rebecca S. Robinson, class of 1890, St. Luke's Training School, Chicago. Miss Robinson had been for many years a faithful and efficient

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private duty nurse. Her life was marked by her unselfish devotion to others. Her many friends mourn her loss deeply.

On November 16, at the home of her parents in Chicago, Helen Lawrence, class of 1906, St. Luke's Training School, Chicago. Miss Lawrence served for a number of years as assistant directress of nurses at St. Luke's Hospital and was greatly beloved by all. Preceding her illness she was engaged in the Welfare Department of the Chicago Telephone Company. She leaves many friends to mourn her loss.

Recently, in Calgary, Canada, Mrs. Duncan Stuart. Mrs. Stuart was Annie Stringer, class of 1895, St. Luke's Training School, Chicago.

On January 7, in Lexington, Ky., Stella Berg. Miss Berg was treasurer of the Eastern District of Registered Nurses.

On November 30, at the Presbyterian Hospital, Chicago, Katherine Miller, class of 1920, Presbyterian Hospital. Miss Miller's death was due to pneumonia, following only a few days' illness. She had been a member of the nursing staff only a short time.

On January 29, in the New York Hospital, New York City, Florence Swift Wright, chairman of the Industrial Nurses' Section of the National Organization for Public Health Nursing. Miss Wright was well known as an industrial nurse, having done pioneer work in the employ of John Wanamaker, and later with the Cheney Brothers' silk mills. She later became a supervisor of midwives for the New Jersey State Board and had recently gone to New Haven as associate superintendent of the Visiting Nurse Association. She was author of the book, "Industrial Nursing" and had been indefatigable in her efforts to bring industrial nurses all over the country in touch with each other. Miss Wright had a critical illness in 1917, from which she never recovered her full vigor. At the time of this recent illness she was traveling from Pittsburgh to New Haven, but becoming ill on the train, she stopped at New York and was taken to the hospital from whose school she was a graduate. Her associates in New Haven feel that her sudden death is a calamity not easily adjusted, and that their staff has suffered a great loss. Nurses throughout the country will join in this feeling.

On December 20, at the Dunn Hospital, Charleston, W. Va., Myrtle Stewart, class of 1917, Sheltering Arms Hospital, Hansford, W. Va. Miss Stewart entered the service in July, 1918, when she was sent to Fort McPherson. She belonged to Base Hospital Unit 59 and sailed for France in September, 1918, being stationed at Reigny. Following her return from France she was connected with the Dunn Hospital in Charleston. Miss Stewart suffered from a severe attack of influenza while she was in service in France, from which she never fully recovered. Her kind and generous nature made for her a host of friends to mourn her loss.

BOOK REVIEWS

GRACE H. CAMERON, R.N., DEPARTMENT EDITOR

LECTURES ON MEDICINE TO NURSES. By Herbert E. Cuff, M.D.; F.R.C.S. Seventh Edition. P. Blakiston's Son & Co., Philadelphia. Price, \$2.00.

A small volume of twenty lectures given to nurses in an English hospital. Compared with American text-books on this subject, it is decidedly elementary. It might be of use for first year students.

NURSES' HAND-BOOK OF DRUGS AND SOLUTIONS. By Julia C. Stimson, R.N. Whitcomb and Barrows, Huntington Chambers, Boston, Mass. Price, \$1.25.

Teachers and students alike will welcome this third edition of a valuable text-book. Miss Stimson, who is Superintendent of the Army Nurse Corps, is to be congratulated on the present excellence of her concise hand-book. As is said in the preface, "a nurse's use of *Materia Medica* is limited;" but it is absolutely essential that she have a definite and certain knowledge of the source, composition, dosage, and effects of commonly used drugs. All this is clearly and briefly stated in this small, compact book. A nurse mastering its contents has a good working knowledge of drugs and solutions.

THE STORY OF THE RED CROSS IN ITALY. By Charles M. Bakewell. The Macmillan Company, New York.

The story of the Red Cross in Italy is a narrative of exceeding interest, besides being a detailed report of highly efficient achievement. It is a book everyone should read, that the splendid courage and unselfish and untiring efforts of those connected with the work in Italy—men and women chosen from all walks of life, many of them with no especial equipment for their tasks save common intelligence and a spirit of devotion—may be known and cherished. Welfare workers will find a fund of inspiration in the record of this group, whose members carried on the hard and exacting work, often under most primitive living conditions, rejoicing that they could be of service. This book complements Mr. Davidson's more concise account of The Red Cross in the Great War and should be read in connection with it.

AN INTRODUCTION TO BACTERIOLOGY FOR NURSES. By Harry W. Carey, A.B., M.D. F. A. Davis Company, Philadelphia. Price, \$1.25.

This is the second edition of Dr. Carey's book, the first appearing about five years ago. There have been no important changes, except those made necessary by the advance in the knowledge of the science.

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